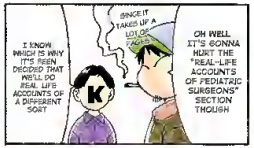
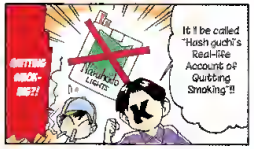
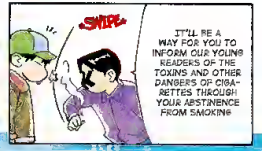

I KNOW. WHICH IS WHY IT'S BEEN DECIDED THAT WE'LL DO REAL LIFE ACCOUNTS OF A DIFFERENT SORT
SINCE IT TAKES UP A LOT OF PAGES
OH WELL. IT'S GONNA HURT THE "REAL-LIFE ACCOUNTS OF PEDIATRIC SURGEONS" SECTION THOUGH




SWIPE
IT'LL BE A WAY FOR YOU TO INFORM OUR YOUNG READERS OF THE TOXINS AND OTHER DANGERS OF CIGARETTES THROUGH YOUR ABSTINENCE FROM SMOKING

橋口たかし
TAKASHI HASHIGUCHI

COVER ILLUSTRATION 橋口たかし
LOGO & COVER DESIGN 安斉 男+ヘイブリッジ・スタジオ

最上の命医

4

[取材・原作]
入江謙三
橋口たかし

KENZO IRIE + TAKASHI HASHIGUCHI PRESENTS

[医療監修]
東京大学教授 岩中 督

最上の命医 4

[取材・原作]入江謙三 橋口たかし

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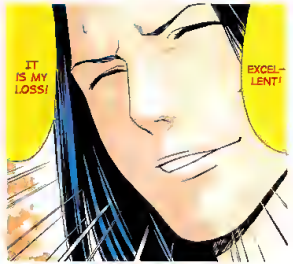

最上の命医 4

[取材・原作] 入江謙三
橋口たかし

小学館

THE
BEST SKILLED
SURGEON
最上の命医
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杏林大学准教授 淳山越史
埼玉医科大学准教授 三鍋俊春

THE BEST SKILLED SURGEON

4

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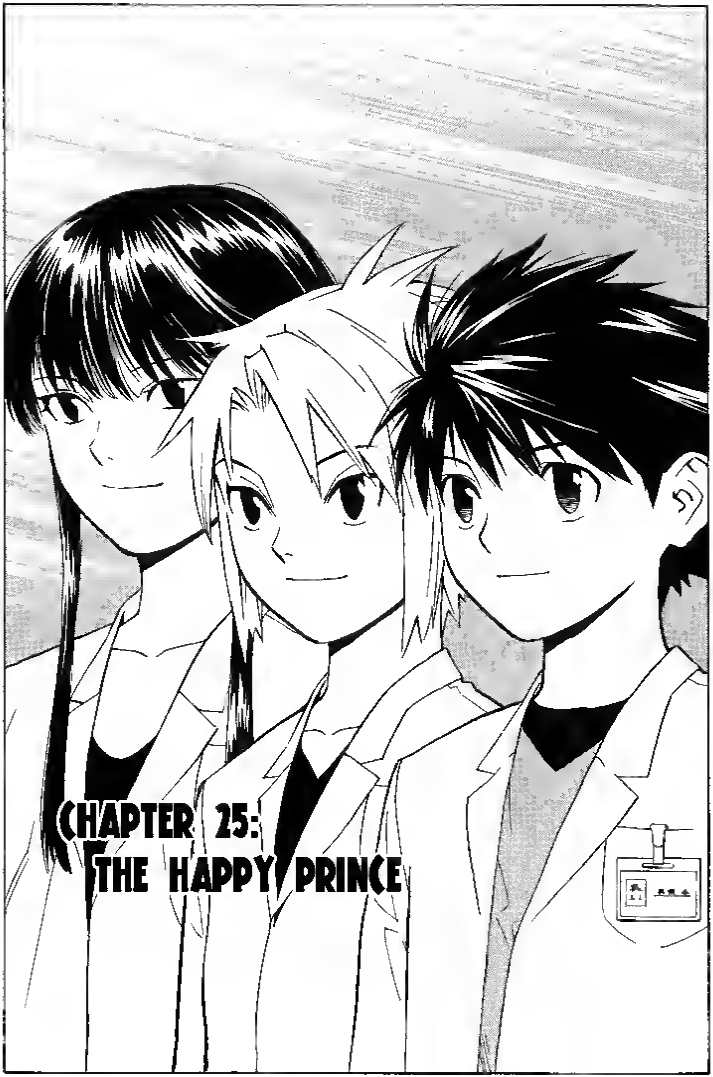
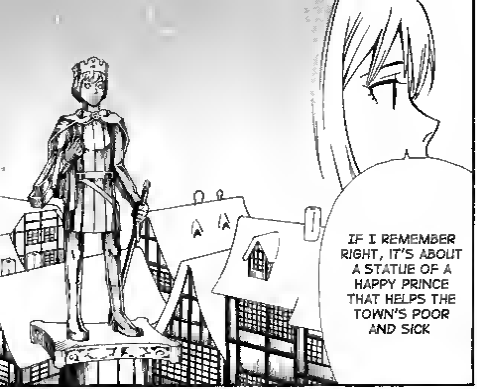
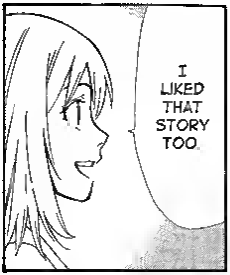


CHAPTER 25: THE HAPPY PRINCE

PEDIATRIC SURGERY
A picture book?
HEY, I REMEMBER THIS
The Happy Prince
幸福の王子
OH, ISN'T THAT "THE HAPPY PRINCE"?
YEAH
I READ THIS TO KAZUMA A FEW YEARS AGO.
I FOUND IT WHILE I WAS SORTING MY THINGS
FU FU FU


IF I REMEMBER RIGHT, IT'S ABOUT A STATUE OF A HAPPY PRINCE THAT HELPS THE TOWN'S POOR AND SICK


I LIKED THAT STORY TOO.

THE PRINCE'S STATUE ASKS A SPARROW TO TAKE HIS SAPPHIRE EYES AND GOLD LEAF TO THE PEOPLE IN NEED...

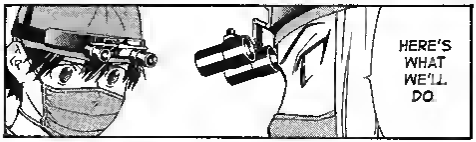
.....
IT'S A SAD BUT MOVING TALE...
THAT'S RIGHT.
AND IN THE END, THE STATUE GETS TORN DOWN BECAUSE IT LOST ALL ITS BEAUTY.

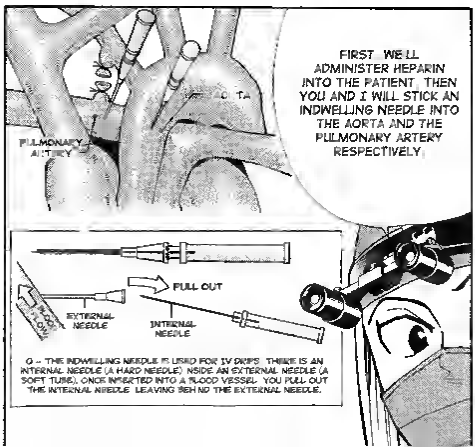
IT REMINDS ME OF SAIJOU
HUH?
THE HAPPY PRINCE...
SAIJOU IS ALWAYS SAVING PEOPLE, NO MATTER WHAT THE COST
YOU'RE RIGHT!
He's so cool! That's what a doctor should be!
TRUE
BUT, I'M A LITTLE WORRIED

JUST LIKE PRINCE'S STATUE GETS TAKEN DOWN BECAUSE IT LOSES ALL ITS JEWELS AND GOLD LEAF ...
SAIJOU MAY END UP LOSING SOMETHING REALLY IMPORTANT.
DOESN'T IT FEEL THAT WAY?
ARE YOU CRAZY!?
HOW CAN YOU NOT CARE IF YOU LOSE YOUR MEDICAL LICENSE?!

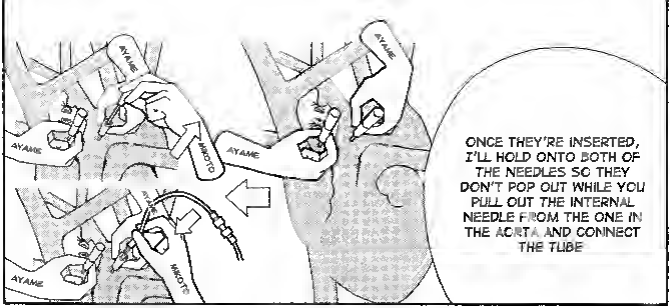
IT'S OKAY.
WHY WOULD YOU...
BESIDES! I'M THE ONE WHO MESSED UP THE SURGERY!

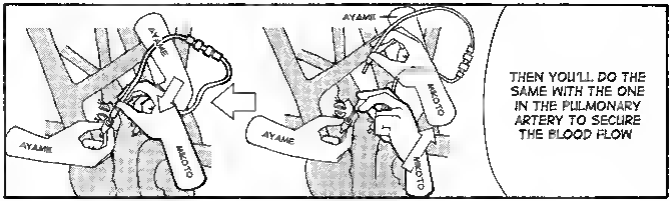
SIGH
I'M DOING THIS FOR MYSELF, NOT ANYONE ELSE.

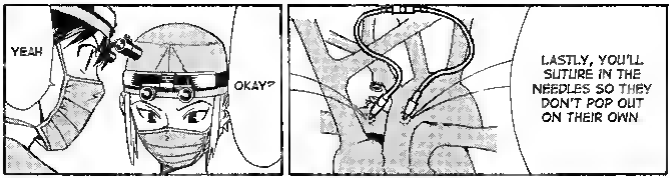

HERE'S WHAT WE'LL DO.


FIRST, WE'LL ADMINISTER HEPARIN INTO THE PATIENT. THEN YOU AND I WILL STICK AN INDWELLING NEEDLE INTO THE AORTA AND THE PULMONARY ARTERY RESPECTIVELY.
PULMONARY ARTERY
FULL OUT
BLOOD FLOW
EXTERNAL NEEDLE
INTERNAL NEEDLE
O – THE INDWELLING NEEDLE IS USED FOR IV DRIPS. THERE IS AN INTERNAL NEEDLE (A HARD NEEDLE) INSIDE AN EXTERNAL NEEDLE (A SOFT TUBE), ONCE INSERTED INTO A BLOOD VESSEL, YOU PULL OUT THE INTERNAL NEEDLE, LEAVING BEHIND THE EXTERNAL NEEDLE.

ALRIGHT MIKOTO, I'LL ASSIST YOU!


AYAME
AYAME
AYAME
AYAME
MAKOTO
AYAME
MAKOTO
ONCE THEY'RE INSERTED, I'LL HOLD ONTO BOTH OF THE NEEDLES SO THEY DON'T POP OUT WHILE YOU PULL OUT THE INTERNAL NEEDLE FROM THE ONE IN THE AORTA AND CONNECT THE TUBE


AYAME
AYAME
AYAME
AYAME
MAKOTO
AYAME
MAKOTO
MAKOTO
THEN YOU'LL DO THE SAME WITH THE ONE IN THE PULMONARY ARTERY TO SECURE THE BLOOD FLOW


YEAH
OKAY?
LASTLY, YOU'LL SUTURE IN THE NEEDLES SO THEY DON'T POP OUT ON THEIR OWN

I don't particularly like this plan either but there's no other choice
SO MIYABI ...
I KNOW.
STILL, THIS IS WAY EASIER SAID THAN DONE. YOU CAN'T IMAGINE THE KIND OF BLOOD SPURT THAT'LL COME WHEN YOU PULL OUT THE NEEDLE FROM THE AORTA.

LET'S START
I'll do my best to keep the patient stabilized when the time comes
GOOD
INSERTION COMPLETE
AYAME!
Insertion into the pulmonary artery complete.
INSERTING THE INDWELLING NEEDLE INTO THE AORTA.
ドクン
ドクン
WE'RE RUNNING OUT OF TIME, MIKOTO!
I'VE GOT THE NEEDLES. JUST PULL THEM OUT AND CONNECT THE TUBE!
OKAY.

SFX *HEART THUMPING*
ドクン
ドクン
ドクン
Once that needle comes out, it's gonna be a geyser of blood.
It all comes down to how fast Mikoto can connect the tubes.
HERE I GO!

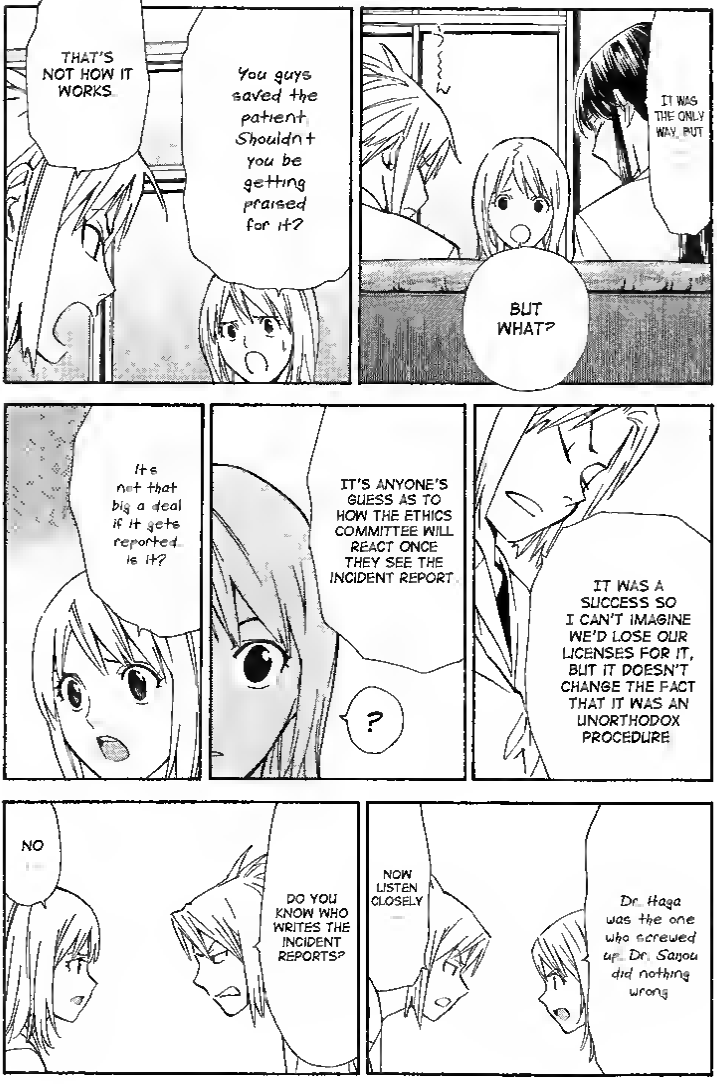
SFX *WOOSH*
PEDIATRIC SURGERY
What'd you say ?!
YES
There was trouble?

A heart-lung machine during a pulmonary atresia surgery means big trouble!
I JUST HEARD THIS FROM A NURSE. DR. AYAME IS GATHERING CLINICAL ENGINEERS TO SETUP A HEART-LUNG MACHINE.
ARE YOU SERIOUS?
HELLO
YO
WE'RE BACK!
I hope it all goes okay...
YEAH
We heard something went wrong! Is everything okay?!
YOU'RE ALL BACK ?!
Hey! You guys!

THANKS TO MIKOTO, WE WERE ABLE TO BUY ENOUGH TIME TO ATTACH THE HEART-LUNG MACHINE THE PATIENT IS FINE
INDEED
RIGHT, AYAME?
THERE WAS A MISHAP DURING THE SURGERY, BUT IT ALL ENDED OKAY.
SIGH
PUFF
BUT, NO MATTER HOW WELL THE PATIENT DOES...
THAT'S GOOD
IN THE END, WE WERE ABLE TO CONNECT THE ARTIFICIAL BLOOD VESSEL AND COMPLETE THE ORIGINAL PURPOSE OF THE SURGERY
?
?
?
THERE'S NO TELLING WHAT'LL HAPPEN TO US

YOU GUYS THOUGHT IT NECESSARY TO FIRST CONNECT THE AORTA AND THE PULMONARY ARTERY?
SO BECAUSE MIKOTO THOUGHT THAT SETTING UP THE HEART-LUNG MACHINE WOULD TAKE TOO LONG,
I SEE ..
THAT'S PRETTY MUCH IT

EVEN LOOKING BACK ON IT NOW, THERE WERE NO OTHER OPTIONS. I CAN SAY WITH CERTAINTY THAT IT WAS THE ONLY WAY
EXACTLY
IF WE HADN'T DONE THAT, THAT KID WOULD'VE DEFINITELY LOST BRAIN FUNCTION FROM LACK OF OXYGEN.
AS AN ANESTHE-- SIOLOGIST, I AGREE WITH THEM ON THAT POINT.


THAT'S NOT HOW IT WORKS.
You guys saved the patient. Shouldn't you be getting praised for it?
IT WAS THE ONLY WAY, BUT
BUT WHAT?
It's not that big a deal if it gets reported, is it?
IT'S ANYONE'S GUESS AS TO HOW THE ETHICS COMMITTEE WILL REACT ONCE THEY SEE THE INCIDENT REPORT.
?
IT WAS A SUCCESS SO I CAN'T IMAGINE WE'D LOSE OUR LICENSES FOR IT, BUT IT DOESN'T CHANGE THE FACT THAT IT WAS AN UNORTHODOX PROCEDURE.
NO
DO YOU KNOW WHO WRITES THE INCIDENT REPORTS?
NOW LISTEN CLOSELY.
Dr. Haga was the one who screwed up. Dr. Sanou did nothing wrong.

!
IN THIS CASE, HAGA DOES...
THE LEAD SURGEON DOES!
BUT AT THE VERY LEAST, HE CAN DOWNPLAY HIS OWN MISTAKES.
MAYBE
BUT IF HE LIES ABOUT ANYTHING, SOMEONE WILL NOTICE ...
BUT THAT'S ...
...IS SOMETHING HE COULD WRITE
!
"I ACCIDENTALLY NICKED THE ARTERIAL DUCT, BUT IT WASN'T THAT SERIOUS OF A PROBLEM. RATHER, DR SAIJOU'S ACTIONS WERE MORE DANGEROUS."
WAIT, HOLD ON A SECOND!

NORMALLY?
BUT NORMALLY, THE ETHICS COMMITTEE CHAIR IS HELD BY THE HOSPITAL'S ASST. DIRECTOR
IDEALLY, YES
THE ETHICS COMMITTEE SHOULD BE ABLE TO SEE THROUGH THAT KIND OF INCIDENT REPORT!
THIS HOSPITAL'S ETHICS COMMITTEE CHAIRMAN IS MY BROTHER.
YEAH, THAT'S WHAT I'M SAYING.
THEN, YOU'RE SAYING
!!!

ASST. DIRECTOR'S OFFICE
I AM VERY SORRY.
.....
It was all my fault.
I CAN'T EVEN BEGIN TO APOLOGIZE FOR MY CARELESS-NESS.
I was too preoccupied with Saijou and attempted a surgery I wasn't prepared for
DR. HABA.
OF COURSE, I'LL ACCEPT WHATEVER PUNISHMENT ...
HUH?
I DON'T KNOW WHAT YOU'RE TALKING ABOUT
IF WE PUNISHED EVERY DOCTOR THAT ACCIDENTALLY CUT ONE OR TWO BLOOD VESSELS, WE WOULDN'T HAVE ANY SURGEONS LEFT IN JAPAN
BUT, THAT'S NOT...
WHILE IT'S TRUE THAT THE ONE YOU CUT WAS PARTICU-LARLY BAD,

WELL, AT THE VERY LEAST
THE ONES WHO REALLY NEED TO BE PUNISHED ARE THE ONES WHO PERFORMED A DANGEROUS LIFE-SAVING MEASURE JUST TO SHOW OFF THEIR SKILLS.
IT WOULD BE IN YOUR BEST INTEREST TO WRITE THAT IN THE INCIDENT REPORT
SFX: *GLARE*
BUT THAT'S JUST MY OPINION.
What is he saying..?!
.....

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HEY, DID YOU HEAR?
TRINITY BAKUMA GOT THEIR OWN SITE NOW
Say what!?
IT'S TRUE! THEY GOT THEIR OWN ONLINE VIEWER AND STUFF!
YEAH, I SAW THAT TOO. NOW I CAN READ MY MANGA WITH HIGH-QUALITY
BUT I HEAR THEY STARTED ACCEPTING DONATIONS
OH, THAT'S FOR HELPING OUT WITH THE SITE. IT ONLY COSTS 610 A MONTH
WAIT, THAT'S IT?

Uwaaaah- I'm going to go donate right now-
HEY, WAIT A MINUTE! DO YOU EVEN KNOW WHAT THEIR SITE IS!?
The power of love will lead me there!
WHAT KIND OF SHAMLESS ADVERTISEMENT IS THIS ?

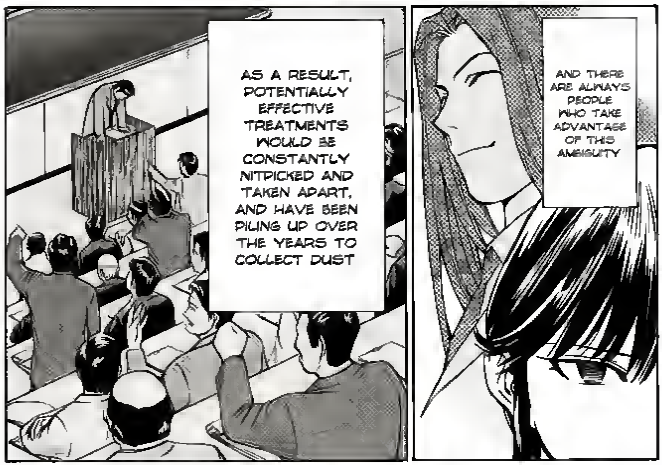
We have our own website and online viewer now! Come check it out at trinitybakuma.com!

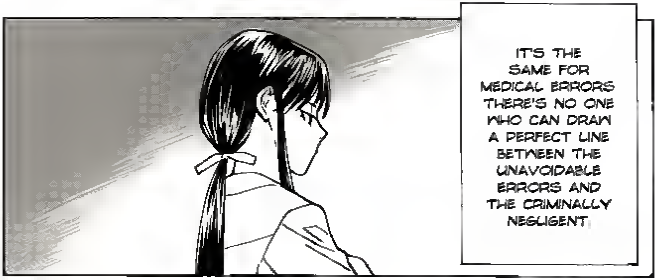
Chapter 26:
A Kind Person

I LIKED BEING AN ANESTHESIOLOGIST BECAUSE YOU WEREN'T OFTEN MIXED UP WITH WHAT OTHER DOCTORS WERE DOING...BUT...
MY NAME IS KOUSHIMA MIYABI. I'M AN ANESTHESIOLOGIST.
BECAUSE OF THE INCIDENT EARLIER, I'VE GOTTEN MYSELF INTO BIG TROUBLE.
THE KINDER A PERSON IS, THE MORE HE RISKS LOSING
I'VE REALIZED ONE THING FROM THIS INCIDENT THOUGH: NOTHING GOOD COMES FROM GETTING INTO THE AFFAIRS OF OTHERS

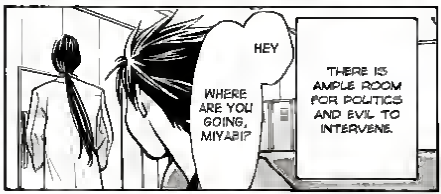
SAIJOU MIKOTO IS THE PERFECT EXAMPLE.
C'MON, PLEASE STOP CRYING.
ふぇ！？
But, you were doing everything for the patient yet...
I'M STILL A DOCTOR.
You might get torn down by the evil mayor (the Asst Director) just like the statue from the picture book "The Happy Prince"!

What is she talking about?
YES, THIS IS THE HARSH REALITY
And his friend the sparrow (Ayame) will die from the cold
UM, ISN'T THAT JUST A FAIRY TALE?
MIKOTO DID THE RIGHT THING, BUT IN THE WORLD OF MEDICINE
IT'S A THIN LINE BETWEEN LIFE-SAVING AND RECKLESS ACTS


AND THERE ARE ALWAYS PEOPLE WHO TAKE ADVANTAGE OF THIS AMBIGUITY
AS A RESULT, POTENTIALLY EFFECTIVE TREATMENTS WOULD BE CONSTANTLY NITPICKED AND TAKEN APART, AND HAVE BEEN PILING UP OVER THE YEARS TO COLLECT DUST


IT'S THE SAME FOR MEDICAL ERRORS THERE'S NO ONE WHO CAN DRAW A PERFECT LINE BETWEEN THE UNAVOIDABLE ERRORS AND THE CRIMINALLY NEGLIGENT.

BECAUSE OF THAT, IT IS UNPREDICTABLE WHETHER A COURT JUDGE WILL FAVOR OR DISFAVOR THE DOCTOR.


HEY
WHERE ARE YOU GOING, MIYABI?
THERE IS AMPLE ROOM FOR POLITICS AND EVIL TO INTERVENE.

IN OTHER WORDS, MEDICINE IS ALL ABOUT INTERPRETATION.

OF COURSE, IT'S NOT JUST A WALK.
OH, JUST FOR A WALK.

IF THAT MAN WAS TO ABUSE HIS POWER AS THE CHAIRMAN OF THE ETHICS COMMITTEE AND TWIST THE TRUTH ON THE REPORT...
I WOULDN'T NORMALLY GET INVOLVED BUT I AM PARTIALLY RESPONSIBLE FOR THIS MESS
I ALSO AGREE PLEASE START N
YEAH THAT SOUNDS GOOD
EXCUSE ME...
THEN, AS SOMEONE WHO WITNESSED THE ENTIRE OPERATION I CAN'T STAY QUIET
?
THIS IS ODD
I have to stand up to this wily notorious, poker-faced man!

THIS IS BEYOND POKER-FACE
AH.
ASST. —
He's like a statue —no, a Haniwa!
UH, ASST. DIRECTOR?
EP. HANIWA ARE TERRACOTTA CLAY FIGURES WHICH WERE MADE FOR RITUAL USE AND BURIED WITH THE DEAD AS FUNERARY OBJECTS PUP NG THE KOFUN PERIOD OF JAPAN.
WELL...
OH, WELL IF IT ISN'T DR KOUSHIMA
WHAT CAN I DO FOR YOU?

What's going on?
BUT, I NEED TO SAY SOMETHING ...
PLEASE LEAVE.
OH, YOU DON'T NEED TO WORRY ABOUT THAT
IT'S ABOUT YESTERDAY'S SURGERY'S INCIDENT REPORT
A COMMENDATION?!
IF IT'S ABOUT DR SAIJOU RECEIVING A COMMENDATION FROM THE ETHICS COMMITTEE, THE ANSWER IS NO
OH, AND ANOTHER THING
It's like he's lost all of his energy
.....
PLEASE, JUST LEAVE ME ALONE FOR TODAY
Enough talking.
WHAT ARE YOU TALKING ABOUT?

And what did he mean by a commendation from the ethics committee?
What was all that?
OH, DR KOUSHIMA
I SUPPOSE I SHOULD APOLOGIZE TO YOU AS WELL ABOUT YESTERDAY
DR HAGA
YOU'RE ACTUALLY JUST THE PERSON I WAS LOOKING FOR
IF YOU'RE EVEN THINKING ABOUT BENDING THE TRUTH IN THE INCIDENT REPORT...
AH, YES.
I SUPPOSE I DID BEND THE TRUTH A LITTLE

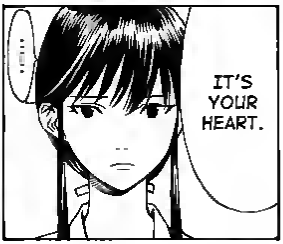
!
IN DR. SAIJOU'S FAVOR.
TO SEE THE ASST. DIRECTOR FREEZE INTO A HANIWA LIKE THAT ....
OH, IT WAS BRILLIANT.
WHAT IN THE WORLD WERE YOU THINKING?
FOR THE HELL OF IT...?
AND JUST FOR THE HELL OF IT, I ALSO RECOMMENDED THAT DR. SAIJOU GET A COMMENDATION FROM THE ETHICS COMMITTEE

IF YOU WRITE THE INCIDENT REPORT IN MIKOTO'S FAVOR, THEN YOUR MISTAKE WILL LOOK EVEN WORSE
BUT MORE IMPOR-TANTLY
TRUE.
WRITING THAT REPORT WILL END MY CAREER AS A HEART SURGEON.
I CAN STAY A DOCTOR.
!

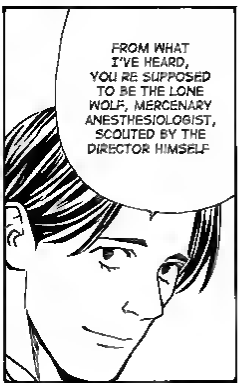
I WOULD KNOW SINCE I'VE BEEN TO HARVARD
THAT LICENSES, COLLEGES AND TITLES DON'T MAKE YOU A DOCTOR
I DON'T CARE IF I LOSE MY LICENSE

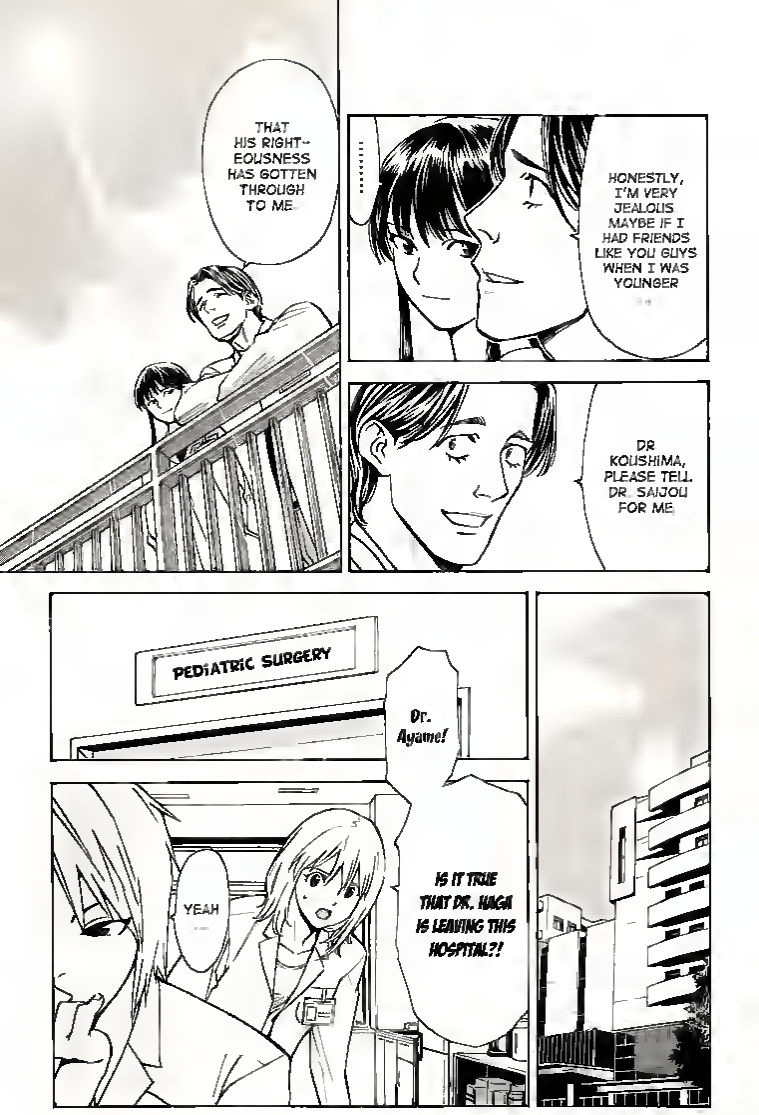
DR HAGA ...
SAIJOU -KUN OPENED MY EYES DURING THAT SURGERY

AREN'T YOU THE SAME?
BUT ...


IT'S YOUR HEART.

WELL, THAT'S ...
AND YET HERE YOU ARE, TALKING UP THE ASST DIRECTOR AND ME

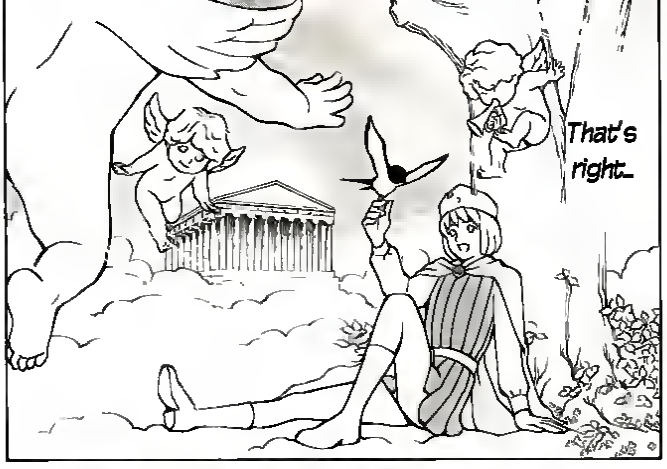

FROM WHAT I'VE HEARD, YOU RE SUPPOSED TO BE THE LONE WOLF, MERCENARY ANESTHESIOLOGIST, SCOUTED BY THE DIRECTOR HIMSELF

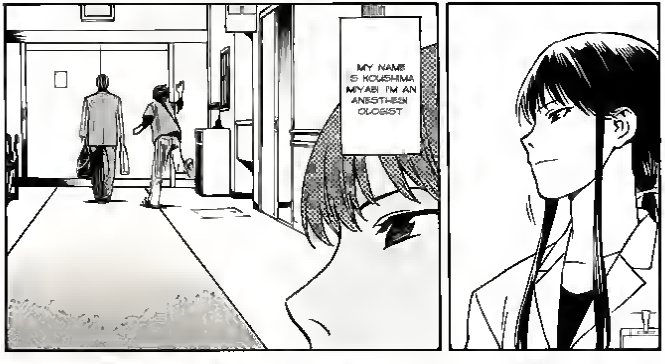

THAT HIS RIGHT-EOUSNESS HAS GOTTEN THROUGH TO ME
.....
HONESTLY, I'M VERY JEALOUS MAYBE IF I HAD FRIENDS LIKE YOU GUYS WHEN I WAS YOUNGER
DR KOUSHIMA, PLEASE TELL DR. SAIJOU FOR ME
PEDIATRIC SURGERY
Dr. Ayame!
IS IT TRUE THAT DR. HAGA IS LEAVING THIS HOSPITAL?!
YEAH

REALLY...
HE'S SUCH AN IDIOT.
APPARENTLY, HE'S QUITTING HEART SURGERY AND MOVING BACK TO THE LITTLE TOWN WHERE HE'S FROM TO OPEN A SMALL CARDIOVASCULAR MEDICINE PRACTICE
IT TAKES SO LONG TO REFINE THE TECHNIQUE FOR HEART SURGERY, AND NOW HE'S THROWN IT ALL AWAY.
That's enough, Dr. Ayame!
Hold on...
WELL, THAT LOSER PROBABLY WOULDN'T HAVE GOTTEN ANY BETTER ANYWAY. AT LEAST HE WAS ABLE TO SHOW OFF ONE LAST TIME.

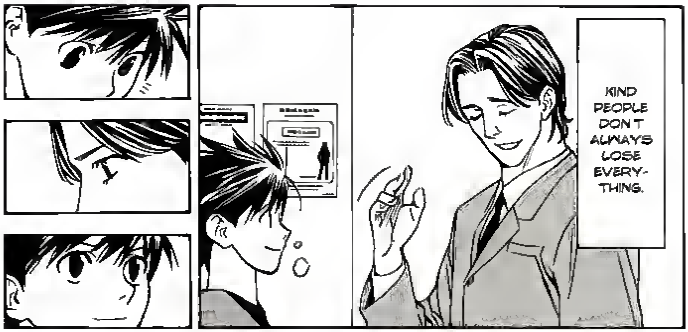
YOU DON'T HAVE TO GO THAT FAR!
DR. HAGA ENDED UP DOING THE RIGHT THING!
.....

HEY, SENA-SAN
IT'S ABOUT THIS PICTURE BOOK
YES?
The Happy Prince
幸福の王子
IT'S TRUE THAT IN THE END, THE PRINCE'S STATUE GETS TORN DOWN AND THE SPARROW DIES
BUT, IN THE VERY, VERY END
DON'T THE PRINCE AND THE SPARROW GET TAKEN TO HEAVEN?
OH ...!


That's right...


MY NAME IS KOUSHIMA MIYABI. I'M AN ANESTHESIOLOGIST

I'VE COME TO REALIZE SOMETHING FROM ALL THIS.


KIND PEOPLE DON'T ALWAYS LOSE EVERY-THING.

Eventually, they gain something important and irreplaceable.

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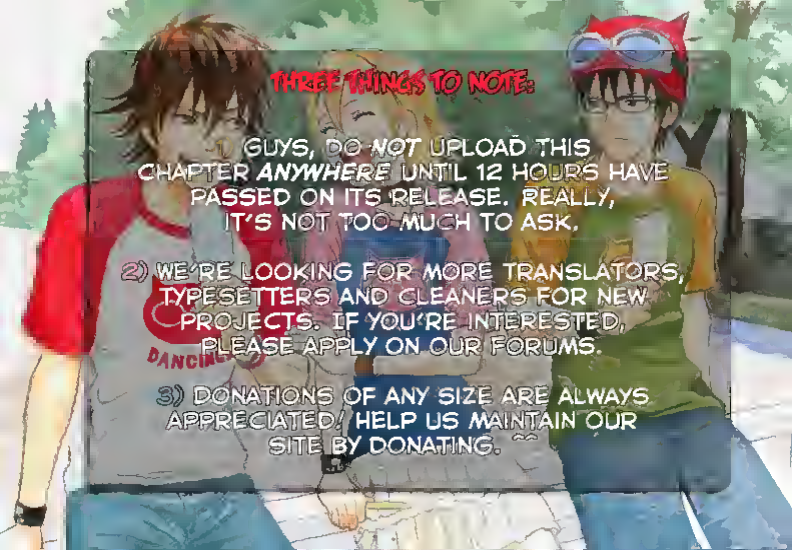
THREE THINGS TO NOTE:
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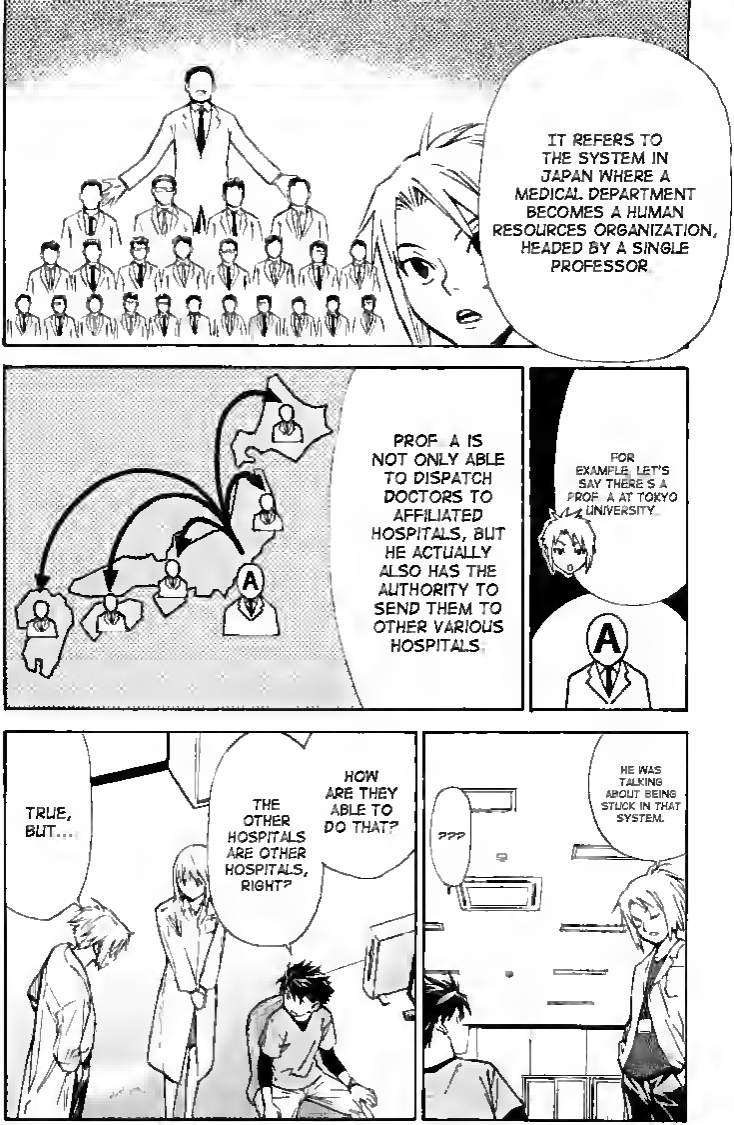
3) DONATIONS OF ANY SIZE ARE ALWAYS APPRECIATED! HELP US MAINTAIN OUR SITE BY DONATING. ^^

CHAPTER 27: TIES OF OBLIGATION

That's a nice looking clinic.
IS THIS POSTCARD FROM DR HABA?
YUP
LET'S SEE... DEAR SAIJOU MIKOTO,
I FOUND A GREAT LOOKING PLACE TO START A CLINIC, SO I WENT AHEAD AND RENTED IT
HE WANTED US TO KNOW THAT HE OPENED UP A PLACE IN HIS HOMETOWN
COOL. CAN I READ IT?

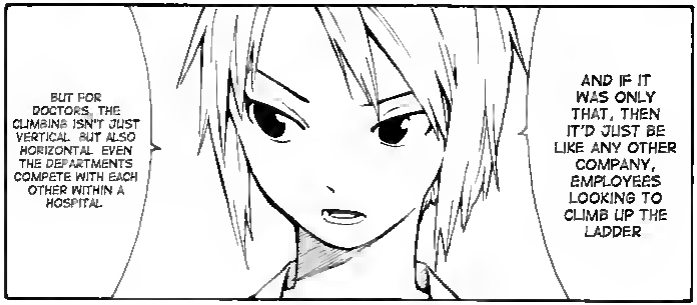
I WAS ABLE TO HIRE A WONDERFUL NURSE, AND WE ARE FRANTICALLY PREPARING FOR OUR GRAND OPENING
ISN'T SHE PRETTY? THOUGH SHE DOESN'T STAND UP TO TOUJOU MEIKO-CHAN
HAHA.
PS. OPENING MY OWN PLACE MEANS THERE ARE NO TIES OF OBLIGATION, AND IT FEELS PRETTY NICE.
WOW
I'M GLAD HE'S HAPPY ABOUT HOW IT ALL TURNED OUT.
YEAH.
IN THE END, HE WAS TIED TO HIS UNIVERSITY LIKE EVERYONE ELSE. THIS IS FOR THE BEST.
I DON'T REALLY GET WHAT HE MEANS BY "TIES OF OBLIGATION".
OH.
THEY DON'T HAVE THAT SYSTEM IN AMERICA, DO THEY?
HEY AYAME


IT REFERS TO THE SYSTEM IN JAPAN WHERE A MEDICAL DEPARTMENT BECOMES A HUMAN RESOURCES ORGANIZATION, HEADED BY A SINGLE PROFESSOR.
A
PROF. A IS NOT ONLY ABLE TO DISPATCH DOCTORS TO AFFILIATED HOSPITALS, BUT HE ACTUALLY ALSO HAS THE AUTHORITY TO SEND THEM TO OTHER VARIOUS HOSPITALS.
FOR EXAMPLE, LET'S SAY THERE'S A PROF. A AT TOKYO UNIVERSITY.
A
TRUE, BUT...
THE OTHER HOSPITALS ARE OTHER HOSPITALS, RIGHT?
HOW ARE THEY ABLE TO DO THAT?
???
HE WAS TALKING ABOUT BEING STUCK IN THAT SYSTEM.

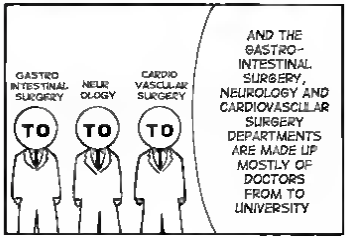
So Dr. Shindou dispatches his workers, too?
HOW-EVER,
SO THE PROFESSORS FROM VARIOUS UNIVERSITIES GOT TOGETHER AND DECIDED THAT IT WAS BETTER FOR EVERYONE IF THEY EVALUATED THEIR EMPLOYEES AND DISPERSED THEM ACCORDINGLY, TO SOME EXTENT FORCEFULLY.
HMM
SINCE ALL DOCTORS ARE UNIQUE IN THEIR SKILL AND EXPERIENCE, IF LEFT TO THEIR OWN DEVICES, THEY WOULD ALL WANT TO WORK IN THE CITY. THE RURAL AREAS WOULDN'T HAVE ENOUGH DOCTORS.
THE BAD ONES WILL ABUSE THEIR POWER AND SEND ANYONE THEY DON'T LIKE TO WASTE AWAY IN THE MIDDLE OF NOWHERE.
THIS SYSTEM HAS A GLARING FLAW.
YEAH
A FLAW?
IF THIS WAS A PERFECT WORLD, THE PROFESSORS WOULD ALL BE UNBIASED IN THEIR DECISIONS, BUT IN THE END THEY'RE ONLY HUMAN

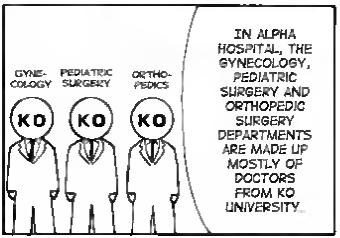
You're the worst piece of trash I've ever seen!
VERBALLY AND EMOTIONALLY ABUSING YOUR WORKERS
YOU AND ME TONIGHT?
USING YOUR AUTHORITY TO EXTORT SEXUAL FAVORS
THIS PAPER IS MINE, RIGHT?
THINGS LIKE TAKING YOUR EMPLOYEES' PAPERS FOR YOUR OWN
ACADEMIC HARASSMENT, POWER HARASSMENT, SEXUAL HARASSMENT, YOU NAME IT AND THERE'S PROBABLY A PROFESSOR DOING IT.

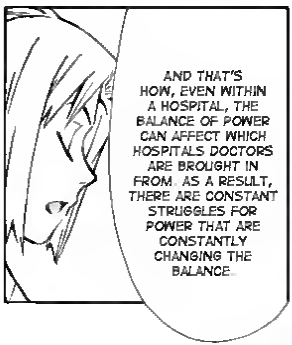
OF COURSE THEY ARE.
SO EVERYONE IS COMPETING TO GET THAT KIND OF POWER?
I WOULDN'T DO ANY OF THOSE THINGS!
I wonder which one Dr Shindou is.

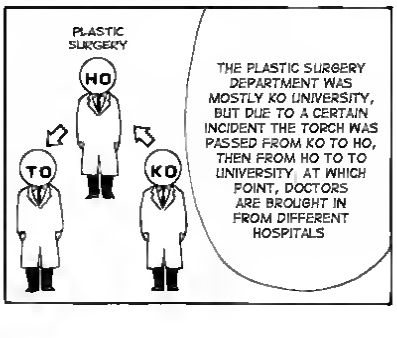

BUT FOR DOCTORS, THE CLIMBING ISN'T JUST VERTICAL. BUT ALSO HORIZONTAL. EVEN THE DEPARTMENTS COMPETE WITH EACH OTHER WITHIN A HOSPITAL.
AND IF IT WAS ONLY THAT, THEN IT'D JUST BE LIKE ANY OTHER COMPANY, EMPLOYEES LOOKING TO CLIMB UP THE LADDER.

LET'S PRETEND THIS HEISEI CENTRAL HOSPITAL IS A PRIVATE HOSPITAL OF EQUAL SCALE CALLED ALPHA UNIVERSITY HOSPITAL
α
THIS IS ONE REASON WHY EVERYONE HATES YOU HERE...
?


GASTRO INTESTINAL SURGERY
NEUROLOGY
CARDIOVASCULAR SURGERY
TO
TO
TO
AND THE GASTRO-INTESTINAL SURGERY, NEUROLOGY AND CARDIOVASCULAR SURGERY DEPARTMENTS ARE MADE UP MOSTLY OF DOCTORS FROM TO UNIVERSITY

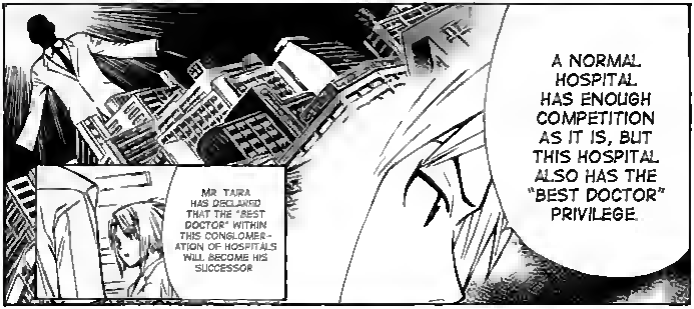

GYNECOLOGY
PEDIATRIC SURGERY
ORTHOPEDICS
KO
KO
KO
IN ALPHA HOSPITAL, THE GYNECOLOGY, PEDIATRIC SURGERY AND ORTHOPEDIC SURGERY DEPARTMENTS ARE MADE UP MOSTLY OF DOCTORS FROM KO UNIVERSITY...


AND THAT'S HOW, EVEN WITHIN A HOSPITAL, THE BALANCE OF POWER CAN AFFECT WHICH HOSPITALS DOCTORS ARE BROUGHT IN FROM. AS A RESULT, THERE ARE CONSTANT STRUGGLES FOR POWER THAT ARE CONSTANTLY CHANGING THE BALANCE...


PLASTIC SURGERY
HO
TO
KO
THE PLASTIC SURGERY DEPARTMENT WAS MOSTLY KO UNIVERSITY, BUT DUE TO A CERTAIN INCIDENT THE TORCH WAS PASSED FROM KO TO HO, THEN FROM HO TO TO UNIVERSITY. AT WHICH POINT, DOCTORS ARE BROUGHT IN FROM DIFFERENT HOSPITALS

THAT'S WHY FACTION FORMING IS VERY COMMON.
I SEE.
EVERY DEPARTMENT IN EVERY HOSPITAL WANTS TO INCREASE THE NUMBER OF POSTS THEY CAN DISPATCH TO, SO THERE ISN'T MUCH SOCIALIZING BETWEEN DIFFERENT UNIVERSITY DOCTORS.
IT'D BE LIKE IF YOU TOOK WORKERS FROM TOYOTA, NISSAN AND HONDA AND PUT THEM TO WORK IN THE SAME FACTORY. THEY WOULD BE CONSTANTLY COMPETING WITH EACH OTHER.
EVERYONE IS SCARED OF YOU.
BUT WHAT DOES THAT HAVE TO DO WITH ME BEING HATED?
YOU CAME HERE BY THE RECOMMENDATION OF PROF SHINDOU OF SAIHAMA RIGHT?
THE PRIMARY POWERS OF THIS HOSPITAL ARE TEIOU UNIVERSITY, LEAD BY MY BROTHER AND SAIHAMA UNIVERSITY, LEAD BY THE DIRECTOR THE DEPARTMENTS FROM THOSE HOSPITALS ARE CONSTANTLY FIGHTING FOR HEGEMONY

EVERYONE FROM TEIOU SEES YOU AS SAIHAMA'S SECRET WEAPON, NO MATTER YOUR ACTUAL INTENTIONS
WHAT!?
THAT'S NOT MY INTENTION AT ALL ...
IT'S NOT YOUR FAULT

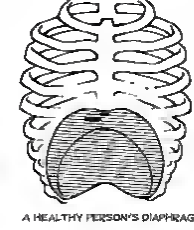

A NORMAL HOSPITAL HAS ENOUGH COMPETITION AS IT IS, BUT THIS HOSPITAL ALSO HAS THE "BEST DOCTOR" PRIVILEGE.
MR. TAIRA HAS DECLARED THAT THE "BEST DOCTOR" WITHIN THIS CONGLOMERATION OF HOSPITALS WILL BECOME HIS SUCCESSOR

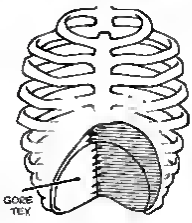
VS
IT'S THOUGHT THAT NOT JUST HE WOULD HOLD ALL THE POWER, BUT ALSO THE UNIVERSITY HE COMES FROM.
IF SOMEONE FROM SAIHAMA OR TEIOU WERE TO COME OUT ON TOP,

IT'S NO SURPRISE THAT SOMEONE AS SKILLED AND FAMOUS AS YOU WOULD BE FEARED AND HATED
.....
SIGH, THIS JUST GOT A LOT MORE COMPLICATED
NO, THIS IS ONLY THE BEGINNING
I'VE WORKED AT SEVERAL OTHER HOSPITALS
I'VE SEEN A UNIVERSITY'S ENTIRE SURGERY TEAM GET SWAPPED OUT AT A CHAIRMAN'S SINGLE WORD
IT'S NOT UNCOMMON THAT SURGERY TEAMS FROM DIFFERENT SCHOOLS USE DIFFERENT PROCEDURES AND TECHNIQUES

HMMM
SUDDENLY CHANGING THE ATTENDING PHYSICIAN ONLY HURTS THE PATIENT
GOOD
THIS IS STARTING TO ANGER ME
CHANNEL THAT ANGER INTO REFORMING OUR HOSPITAL
IT SEEMS YOU WERE ONLY INTENT ON FIXING THE LACK OF PEDIATRIC SURGEONS
EVEN IF YOU WON'T ADMIT IT, EVERYONE ELSE IS STARTING TO SEE YOU AS THE "BEST DOCTOR".
AND FOR THE SAKE OF ALL THE DOCTORS TRAPPED IN THIS GOD FORSAKEN SYSTEM,
THE PATIENTS' SAKES,
BUT FOR YOUR SAKE,

A leader -
I THINK IT'S TIME YOU STEPPED UP AND BECAME A LEADER.
.....
EXAMINATION ROOM 32
THE NEXT DAY
BUT THAT'S JUST ME.





BECAUSE HE WAS BORN WITHOUT HALF HIS DIAPHRAGM, THEY IMMEDIATELY INSERTED A GORE-TEX PROSTHESIS.

SO, YOUR SON HAD A SURGERY TO REPAIR A HERNIATED DIAPHRAGM?

YES

WHERE WAS THAT FIRST SURGERY DONE?

AT A TEIOU AFFILIATED HOSPITAL.

I SEE...

Gore-Tex.

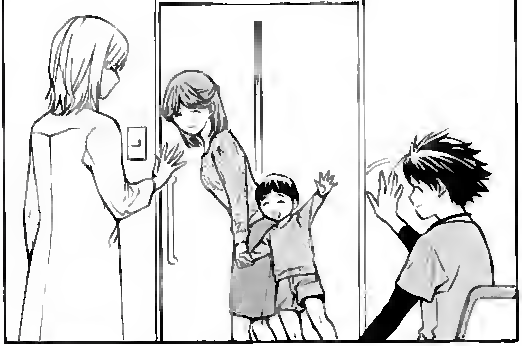
IT'S JUST THAT, ACCORDING TO HIM, HIS STOMACH HAS BEEN FEELING TAUT.

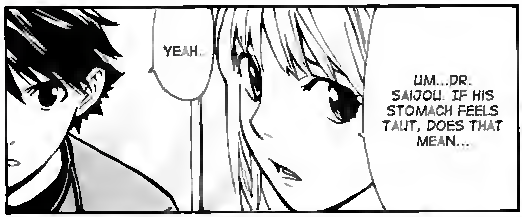
HAHA HA...

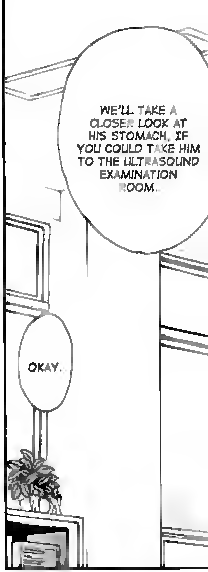
IS THAT SO?

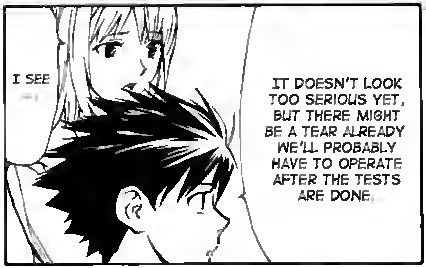
AND I HAPPENED TO HEAR THAT SOME AMAZING DOCTOR HAS COME TO THIS HOSPITAL...

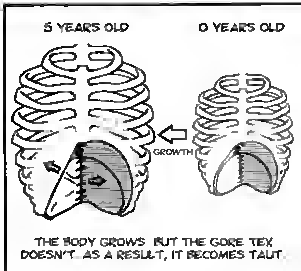
BUT THAT ATTENDING PHYSICIAN GOT SENT OUT TO THE COUNTRYSIDE.

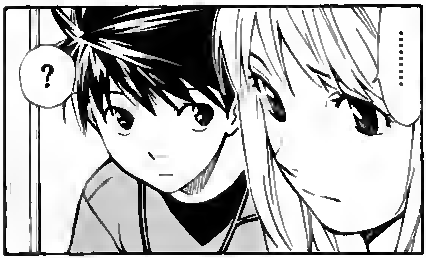


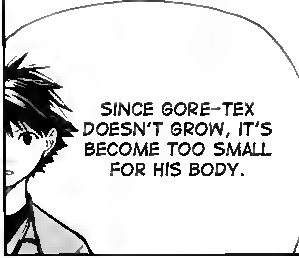

YEAH.
UM...DR. SAIJOU. IF HIS STOMACH FEELS TAUT, DOES THAT MEAN...

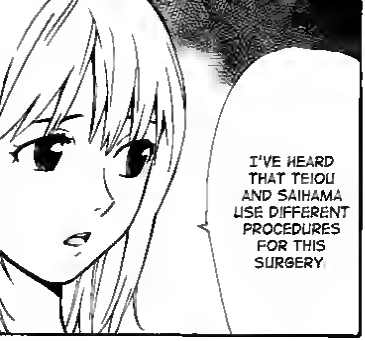

WE'LL TAKE A CLOSER LOOK AT HIS STOMACH. IF YOU COULD TAKE HIM TO THE ULTRASOUND EXAMINATION ROOM.
OKAY.


I SEE
IT DOESN'T LOOK TOO SERIOUS YET, BUT THERE MIGHT BE A TEAR ALREADY WE'LL PROBABLY HAVE TO OPERATE AFTER THE TESTS ARE DONE.

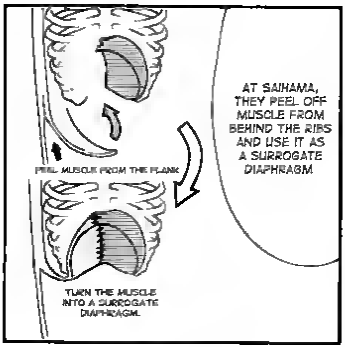

5 YEARS OLD
0 YEARS OLD
GROWTH
THE BODY GROWS BUT THE GORE-TEX DOESN'T. AS A RESULT, IT BECOMES TAUT.

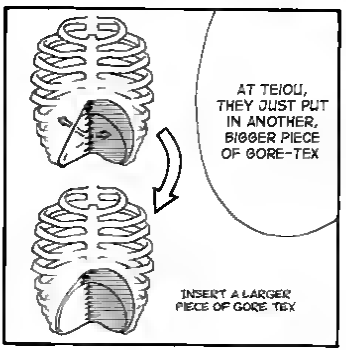

?
.....

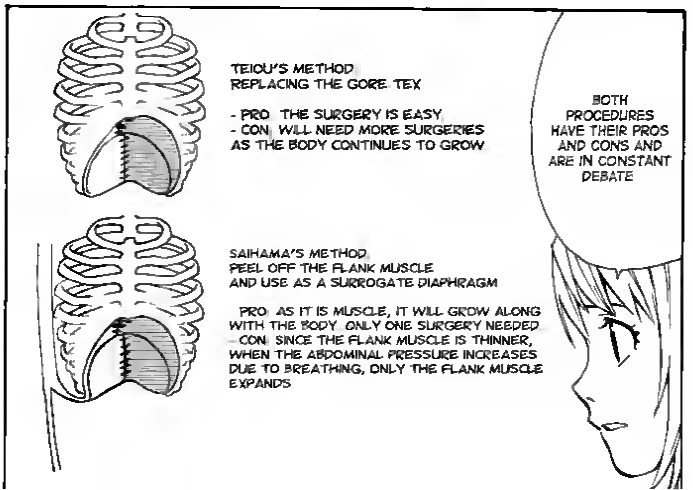

SINCE GORE-TEX DOESN'T GROW, IT'S BECOME TOO SMALL FOR HIS BODY.


I'VE HEARD THAT TEIOU AND SAIHAMA USE DIFFERENT PROCEDURES FOR THIS SURGERY.

OH, NOTHING! IT'S NO BIG DEAL, BUT ...
WHAT'S WRONG?

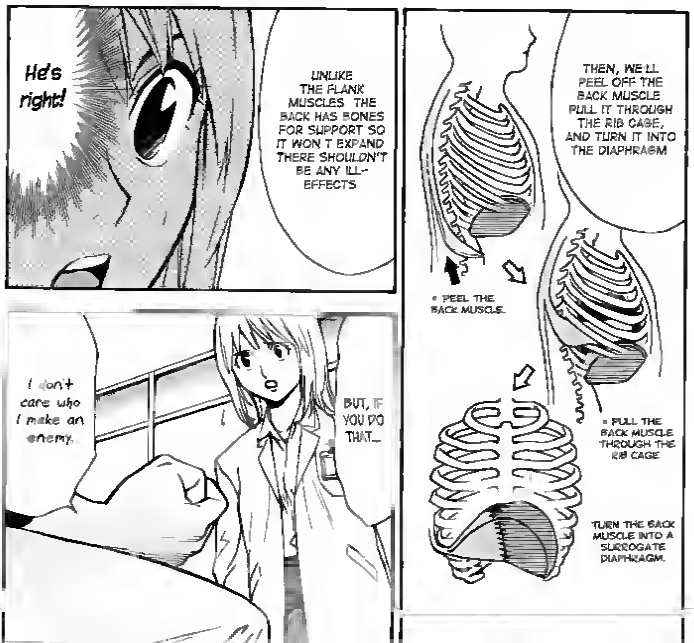

AT SAIHAMA, THEY PEEL OFF MUSCLE FROM BEHIND THE RIBS AND USE IT AS A SURROGATE DIAPHRAGM.
PEEL MUSCLE FROM THE FLANK
TURN THE MUSCLE INTO A SURROGATE DIAPHRAGM.


AT TEIOU, THEY JUST PUT IN ANOTHER, BIGGER PIECE OF GORE-TEX
INSERT A LARGER PIECE OF GORE TEX


TEIOU'S METHOD
REPLACING THE GORE TEX
- PRO THE SURGERY IS EASY
- CON WILL NEED MORE SURGERIES AS THE BODY CONTINUES TO GROW
SAIHAMA'S METHOD
PEEL OFF THE FLANK MUSCLE AND USE AS A SURROGATE DIAPHRAGM
PRO AS IT IS MUSCLE, IT WILL GROW ALONG WITH THE BODY ONLY ONE SURGERY NEEDED
- CON SINCE THE FLANK MUSCLE IS THINNER, WHEN THE ABDOMINAL PRESSURE INCREASES DUE TO BREATHING, ONLY THE FLANK MUSCLE EXPANDS
BOTH PROCEDURES HAVE THEIR PROS AND CONS AND ARE IN CONSTANT DEBATE

ALTHOUGH I'M FROM SAIHAMA UNIVERSITY, I'M STILL A RESIDENT AND NOT YET INTERESTED IN DEPARTMENTAL COMPETITION. I'M OKAY WITH EITHER PROCEDURE
OH, BUT,
DON'T GET ME WRONG
.....
I KNOW
IT'S JUST...NO MATTER WHICH YOU CHOOSE, SOME PEOPLE WILL COME TO HATE YOU MORE
BUT YOU KNOW WHAT?
But, there's still not one more beneficial than the other, even for the patient. Guess he'll end up alienating one faction or the other...
YES.
YOU'RE JUST WORRIED ABOUT ME
Phew.

I WON'T DO EITHER PROCEDURE.
!?
FIRST, WE'LL GO THROUGH THE OLD INCISION AND MAKE OUR WAY AROUND THE RIB CAGE TO THE BACK.
• ENTER THROUGH THE OLD INCISION
• ENTER THE BACK.


He's right!
UNLIKE THE PLANK MUSCLES THE BACK HAS BONES FOR SUPPORT SO IT WON'T EXPAND THERE SHOULDN'T BE ANY ILL-EFFECTS
THEN, WE'LL PEEL OFF THE BACK MUSCLE PULL IT THROUGH THE RIB CAGE, AND TURN IT INTO THE DIAPHRAGM
• PEEL THE BACK MUSCLE.
• PULL THE BACK MUSCLE THROUGH THE RIB CAGE
TURN THE BACK MUSCLE INTO A SURROGATE DIAPHRAGM.
I don't care who I make an enemy.
BUT, IF YOU DO THAT...

TO MAKE OTHERS BELIEVE THAT I'M RIGHT.
.....
I'VE MADE UP MY MIND.
I'M GOING TO MAKE MYSELF THE STANDARD!

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Typesetters: Katsuri,
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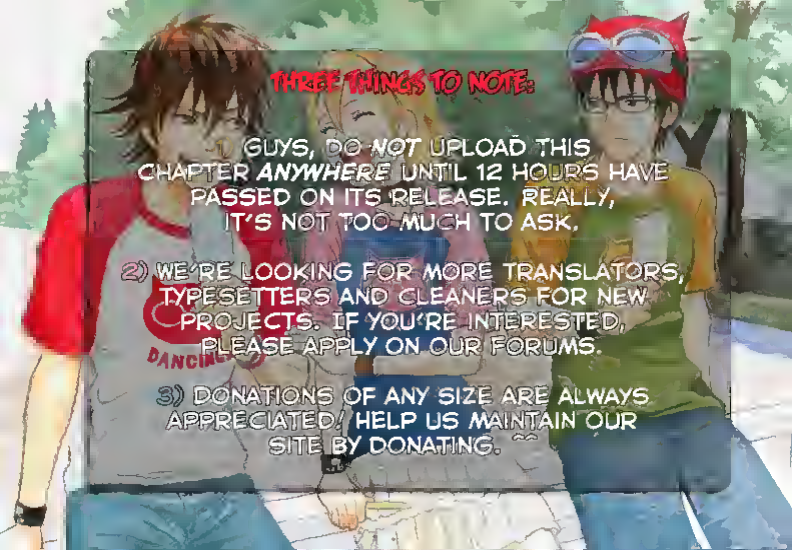
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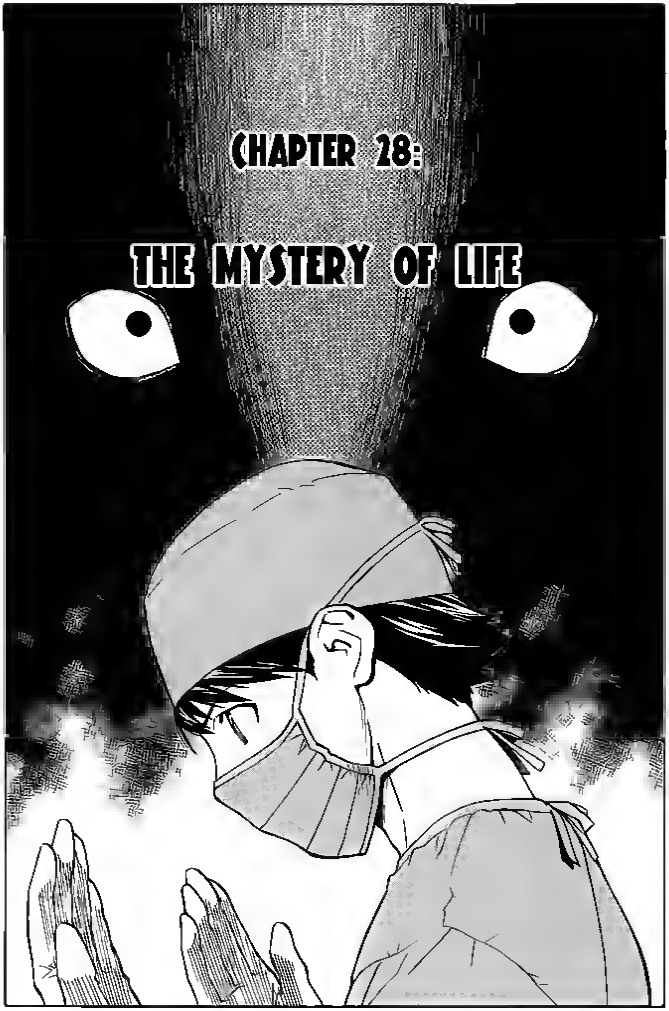
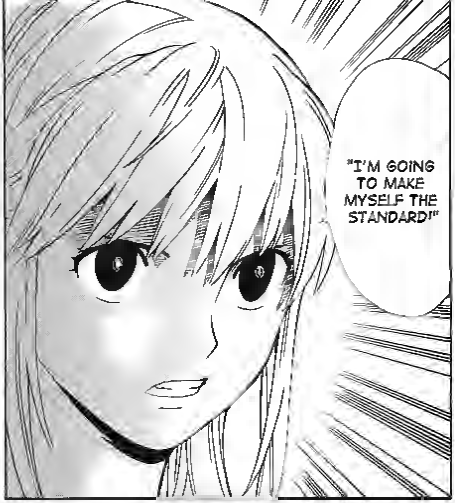

CHAPTER 28:
THE MYSTERY OF LIFE

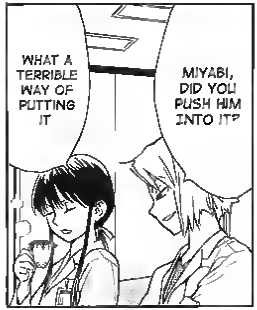

"I'M GOING TO MAKE MYSELF THE STANDARD!"

LISTEN UP EVERYONE, THIS IS HOW IT WENT.

I'm so electri-fied.
Electrified, you say...
WHO STILL SAYS THAT THESE DAYS...

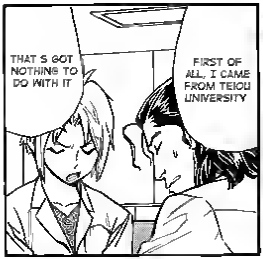
SO IT MUST MEAN THAT SAIJOU-SENSEI IS DETERMINED TO BECOME THE "BEST DOCTOR", RIGHT?

OH WELL, IF MIKOTO HAS THE MOTIVATION, THEN I WELCOME THE IDEA WHOLE-HEARTEDLY

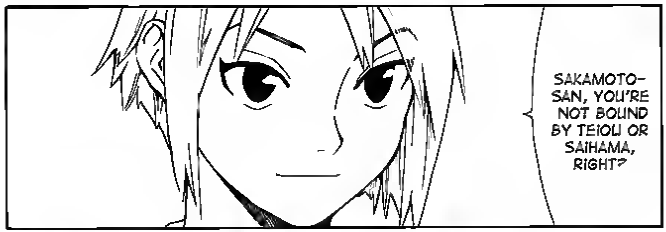

MIYABI, DID YOU PUSH HIM INTO IT?
WHAT A TERRIBLE WAY OF PUTTING IT

NORMALLY, I ALSO HATE STICKING MY NOSE INTO ANYTHING SO POLITICAL...
I WOULD LIKE YOU TO SAY THAT I GAVE SOME SOUND ADVICE
IN THIS CASE, I DON'T WANT THE HOSPITAL TO BE DIRECTED BY THE ASSOCIATE DIRECTOR, WHO'S ONLY CONCERNED ABOUT POWER
SO I DID THIS I MUST HAVE LESS TIME FOR OPERATIONS
ALTHOUGH HE SAID BEFORE THAT ADMIN STUFF IS A PAIN.
AND I'LL HAVE LESS PATIENTS TO EXAMINE
BESIDES WHAT YOU SAID, I WANT MIKOTO TO BE CHOSEN AS THE "BEST DOCTOR"
THAT'S WHY...
I KNOW

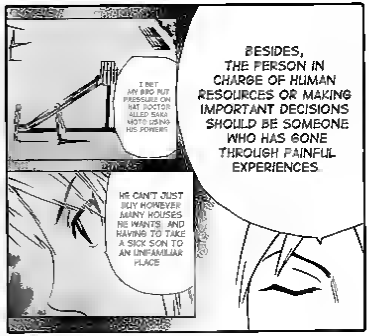
WHY DOES IT HAVE TO BE ME!?


FIRST OF ALL, I CAME FROM TEIOU UNIVERSITY
THAT'S GOT NOTHING TO DO WITH IT

HE CAN JUST LEAVE ALL THAT WORK TO SAKAMOTO-SAN
YEAH, YEAH
THAT'S TRUE
HEY!


SAKAMOTO-SAN, YOU'RE NOT BOUND BY TEIOU OR SAIHAMA, RIGHT?

AM I WRONG?
W-WELL... WHEN YOU PUT IT THAT WAY, I CAN'T REALLY SAY NO TO IT...


I BET MY BIRD PUT PRESSURE ON SAT DOCTOR ALLED SAKAMOTO USING HIS POWERS
HE CAN'T JUST BUY WHEREVER MANY HOUSES HE WANTS AND HAVING TO TAKE A SICK SON TO AN UNFAMILIAR PLACE
BESIDES, THE PERSON IN CHARGE OF HUMAN RESOURCES OR MAKING IMPORTANT DECISIONS SHOULD BE SOMEONE WHO HAS GONE THROUGH PAINFUL EXPERIENCES

AT THIS POINT IN TIME, THE PERSON WHO'S MOST LIKELY CHOSEN AS THE BEST DOCTOR IS PROBABLY THE ASSOCIATE DIRECTOR, WHO'S BOTH YOUNG AND COMPETENT...
ALTHOUGH THAT'S NOT EASY TO ACHIEVE, YOU KNOW.
TEIOU ITSELF?
YEAH.
FROM NOW ON, THE MORE HE WANTS TO DESTROY MIKOTO, THE MORE LIKELY HE'S GOING TO MAKE SOME KIND OF BARGAIN WITH TEIOU ITSELF.
I DON'T REALLY WANT TO SAY ANY-THING BAD ABOUT MY OWN SCHOOL, BUT...
IN TEIOU UNIVE-RSITY,
THERE EXISTS A DEVIL...
A Devil...!?

TEIOU UNIVERSITY---
CHANCELLOR'S OFFICE
SADAME-CHAN, I HEAR THAT THESE DAYS YOU HAVE IT PRETTY ROUGH.
AMAGA
...NO, THAT'S NOT THE CASE
THERE'S NO NEED TO HIDE IT
THE SECRET WEAPON FROM SAIHAMA
ISN'T HE AMAZING THOUGH?

THAT RUMOR TRAVELLED ALL THE WAY TO ME, YOU KNOW
TEIOU UNIVERSITY CHANCELLOR, YOUROU SHIGETOSHI
AH~ MORE OF THEM DIED
THIS IS A PROBLEM. TROPICAL FISHES ARE SO WEAK THAT THEY DIE RIGHT AWAY
CHAN-CELLOR
BUT, IF YOU SCOOP THEM UP WITH A NET LIKE THIS
THERE ARE SOME THAT WILL SUDDENLY BE REVIVED

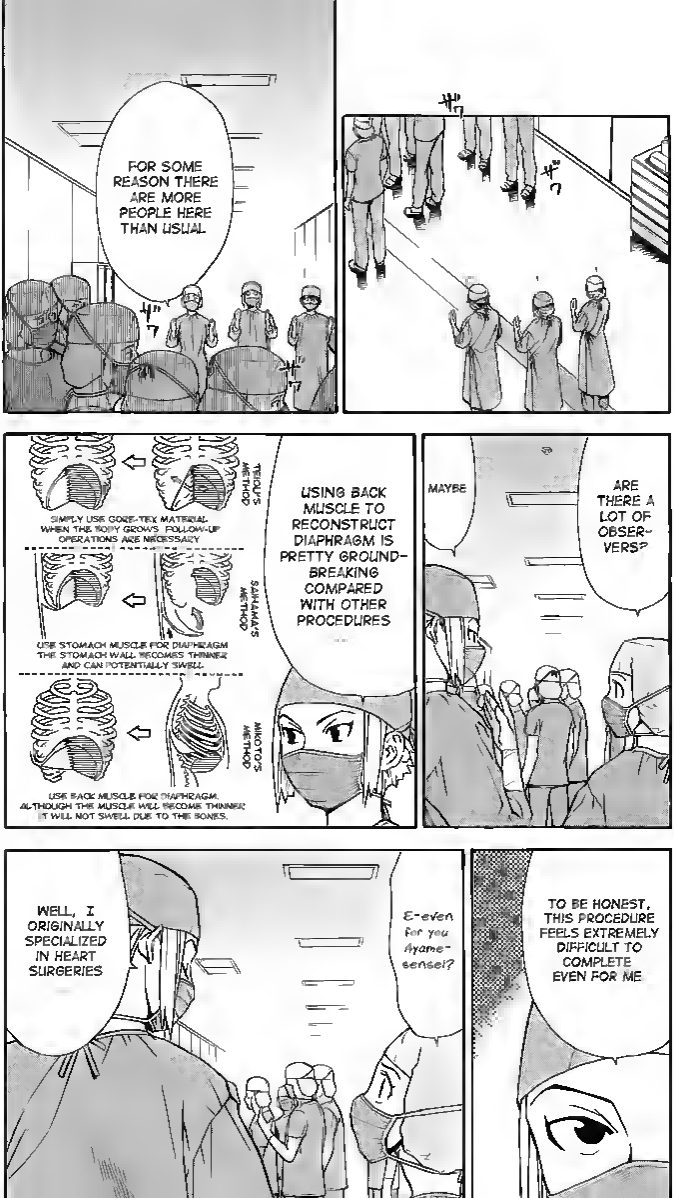
JUST A WHILE AGO IT WAS OUT OF ENERGY AND SIMPLY FLOATING AROUND...
BUT WHEN IT INSTINCTIVELY SENSED A FOREIGN ENEMY, IT'S USING ITS LAST STRENGTH TO STRUGGLE.
ビキ
ビキ
ビキ
SEE?
THIS IS THE MYSTERY OF LIFE
SEE--- I'M A FOREIGN ENEMY

Tch.
WE ALSO WANT TO LE\RN THIS SENSE OF DESPER\TION, DON'T WE?
What a Fiend..!!
D devil you say? You must be exaggerating
I'M NOT REALLY EXAGGE-RATING
THERE ARE PEOPLE IN THE WORLD WHO DEAL WITH LIFE AND DEATH FOR DECADES AND DECADES
SOME OF THEM BECOME CRAZY.

IF THE OPPONENT IS A DEVIL, THEN HE IS HERO
B-but Saijou-senseı will be just fine
……
IN THAT WAY, CALLING HIM A DEVIL MAKES HIM SOUND CUTER.
BUT HE SURE IS LATE, THAT HERO-SAMA
That would be nice
HE WILL DEFINITELY DEFEAT A GUY LIKE THAT!
EVEN THOUGH TODAY WE'RE SUPPOSED TO HAVE A MEETING FOR THE DIAPHRAGM RECONSTRUCTION PROCEDURE
SLICE BACK MUSCLE
SLIP THE MUSCLE THROUGH THE RIB CAGE
THE BACK MUSCLE WILL BE USED FOR PART OF DIAPHRAGM
……

SORRY I'M LATE.
THE SAWA NASUKA-CHAN THAT WAS DISCHARGED A WHILE BACK CAME TO VISIT ME.
SO WE WERE TALKING FOR A BIT----
HUH?
But sensei what is that kiss mark?
AH, THAT'S RIGHT
I DIDN'T KNOW WHAT TO DO WHEN NASUKA-CHAN SUDDENLY CLUNG ON TO ME...
SENA-SAN,
IF YOU HAVE SOME-THING TO WIPE WITH...
CAN YOU PLEASE BRING IT...
WOAH!

BEING A HERO IS FINE AND ALL, BUT WHAT'S WITH BEING KNOCKED OUT SO EASILY BY A RESIDENT?
WELL, IT IS PRETTY TOUGH TO DEFEND AGAINST THE THING USED FOR WIPING (SOFA).
UM
THE DAY OF THE OPERATION
ALRIGHT, LET'S GET GOING.
OK.
ALRIGHT

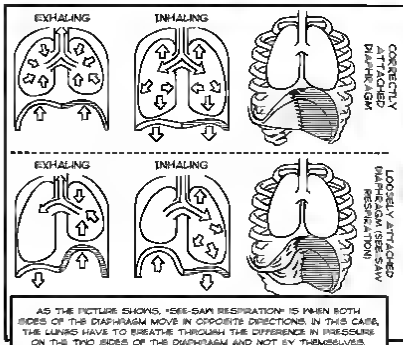

FOR SOME REASON THERE ARE MORE PEOPLE HERE THAN USUAL
ARE THERE A LOT OF OBSERVERS?
MAYBE
USING BACK MUSCLE TO RECONSTRUCT DIAPHRAGM IS PRETTY GROUNDBREAKING COMPARED WITH OTHER PROCEDURES
TEICU'S METHOD
SIMPLY USE GORE-TEX MATERIAL WHEN THE BODY GROWS. FOLLOW-UP OPERATIONS ARE NECESSARY
SAIHAMA'S METHOD
USE STOMACH MUSCLE FOR DIAPHRAGM THE STOMACH WALL BECOMES THINNER AND CAN POTENTIALLY SWELL
MIKOTO'S METHOD
USE BACK MUSCLE FOR DIAPHRAGM. ALTHOUGH THIS MUSCLE WILL BECOME THINNER IT WILL NOT SWELL DUE TO THE BONES.
WELL, I ORIGINALLY SPECIALIZED IN HEART SURGERIES
E-even for you Ayame-sensei?
TO BE HONEST, THIS PROCEDURE FEELS EXTREMELY DIFFICULT TO COMPLETE EVEN FOR ME

THAT'S RIGHT

DON'T LOOSEN THE NEWLY ATTACHED DIAPHRAGM

Of course I know at least that much!

BESIDES THAT, DO YOU KNOW WHAT YOU HAVE TO WATCH OUT FOR THE MOST IN THIS DIAPHRAGM RECONSTRUCTION PROCEDURE?



AS THE PICTURE SHOWS, "SEE-SAW RESPIRATION" IS WHEN BOTH SIDES OF THE DIAPHRAGM MOVE IN OPPOSITE DIRECTIONS. IN THIS CASE, THE LUNGS HAVE TO BREATHE THROUGH THE DIFFERENCE IN PRESSURE ON THE TWO SIDES OF THE DIAPHRAGM AND NOT BY THEMSELVES.

IF THE NEW DIAPHRAGM IS LOOSE, IT CAN CAUSE A DANGEROUS PHENOMENON CALLED "SEE-SAW RESPIRATION".

BUT WHAT DOES THAT HAVE TO DO WITH THE DIFFICULTY OF THIS PROCEDURE?

OK

TO PREVENT IT FROM GETTING LOOSE, TIGHTENING IT A LITTLE BIT MORE THAN NECESSARY WOULD BE BETTER

SINCE WE'RE USING THE BACK MUSCLE, IF WE PROPERLY CALCULATE THE CORRECT SIZE, THEN IT SHOULDN'T BE THAT HARD
UM, YOU KNOW ...
OH WELL
YOU'LL UNDERSTAND THE DIFFICULTY WHEN YOU ASSIST US
OTHER THAN THAT ...
WH-WHAT IS IT?
ISN'T THIS STRANGE, NO MATTER HOW YOU LOOK AT IT?

THE OPERATION ROOM IS FULL OF PEOPLE.
!
WH-WHY ARE THERE SO MANY?
BEATS ME
OH, EVERY-ONE'S HERE
IT'S THE DEVIL THAT SAKA-MOTO-SAN MENTIONED.
HE CAME TO OBSERVE THE PROCEDURE.
MIYABI, WHAT'S HAPPENING HERE?
THIS IS BIG.

IT SEEMS LIKE HE HASN'T COME INTO THE ROOM YET
At this rate, I won't be able to see who the secret weapon is.
There are a lot of observers.
HO HO HO
ALL I DID WAS SEND AN EMAIL TO ALL THE TEIOU GRADUATES SAYING THAT "THE CHANCELLOR WILL BE OBSERVING"
THIS TURNOUT IS PROBABLY THANKS TO YOUR INFLUENCE
OH, WHAT A CUTE LAD
IT'S THE ONE WALKING IN THE FRONT
AH, HE'S HERE

...Hmph, he's a complete demon.
But, even the demon has his uses.
His influence, authority, and connections are all useful.
IT MAKES ME WANT TO EAT HIM.
EP: 0_0
However besides bringing him here, I don't have any more schemes.
Saijou Mikoto, this will be the Final battle between you and I!

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Saijou no Meii 28
Raw Provider: SlentCat
Translation: cookie_on_fire
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WE'RE ALWAYS LOOKING FOR MORE STAFF!
CHECK OUT OUR SITE FOR NEW RELEASES AND OUR FORUMS FOR MORE INFORMATION ON HOW TO APPLY.
SHOW YOUR SUPPORT BY BUYING THE OFFICIAL VOLUMES WHEN AVAILABLE

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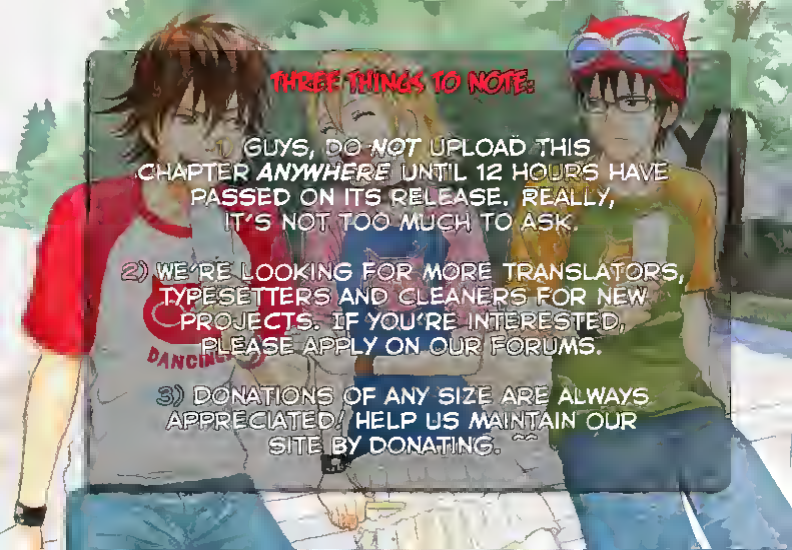
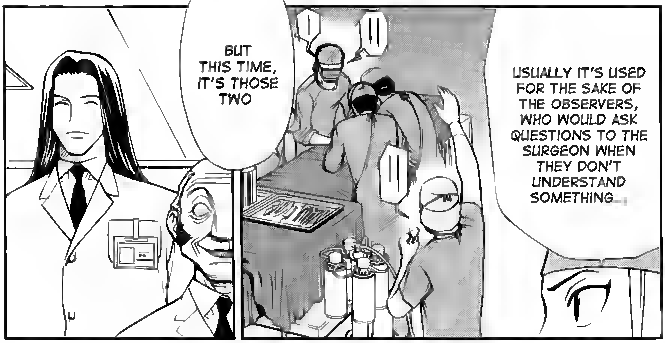
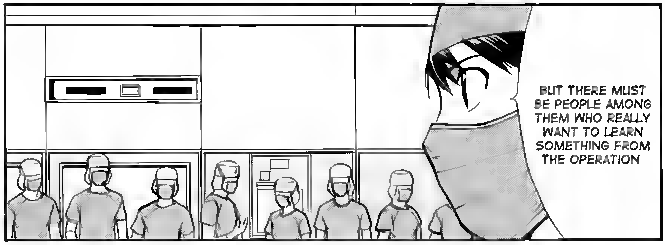

THREE THINGS TO NOTE:
1) GUYS, DO *NOT* UPLOAD THIS CHAPTER *ANYWHERE* UNTIL 12 HOURS HAVE PASSED ON ITS RELEASE. REALLY, IT'S NOT TOO MUCH TO ASK.
2) WE'RE LOOKING FOR MORE TRANSLATORS, TYPESETTERS AND CLEANERS FOR NEW PROJECTS. IF YOU'RE INTERESTED, PLEASE APPLY ON OUR FORUMS.
3) DONATIONS OF ANY SIZE ARE ALWAYS APPRECIATED! HELP US MAINTAIN OUR SITE BY DONATING. ^^

CHAPTER 29: CONVENTIONAL WISDOM

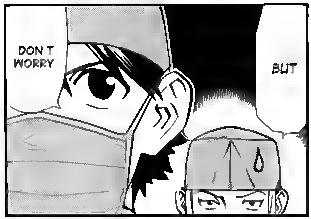
EXCUSE ME, SAIJOU SENSEI
THE GENTLEMEN UP ABOVE WOULD LIKE YOU TO WEAR HEADPHONES FOR THE LIVE SURGERY.
UNDERSTOOD.
Hey, are you fine with that, Mikoto?


BUT THIS TIME, IT'S THOSE TWO
USUALLY IT'S USED FOR THE SAKE OF THE OBSERVERS, WHO WOULD ASK QUESTIONS TO THE SURGEON WHEN THEY DON'T UNDERSTAND SOMETHING...


BUT THERE MUST BE PEOPLE AMONG THEM WHO REALLY WANT TO LEARN SOMETHING FROM THE OPERATION

I WOULDN'T BE OPERATING ON PEOPLE IF I AM EASILY SWAYED BY WORDS

IF THEY WANT TO ASK SOMETHING, I WOULD HAVE TO ANSWER

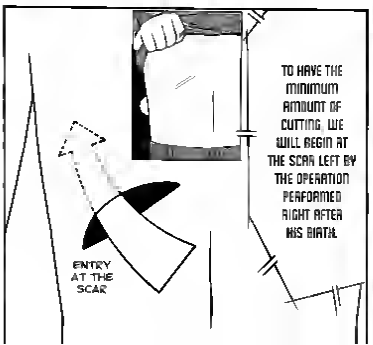

DON'T WORRY
BUT

I didn't need to worry after all.
HMPH, THAT'S TRUE ENOUGH

MIKOTO
AREN'T YOU THE SAME, AYAME?

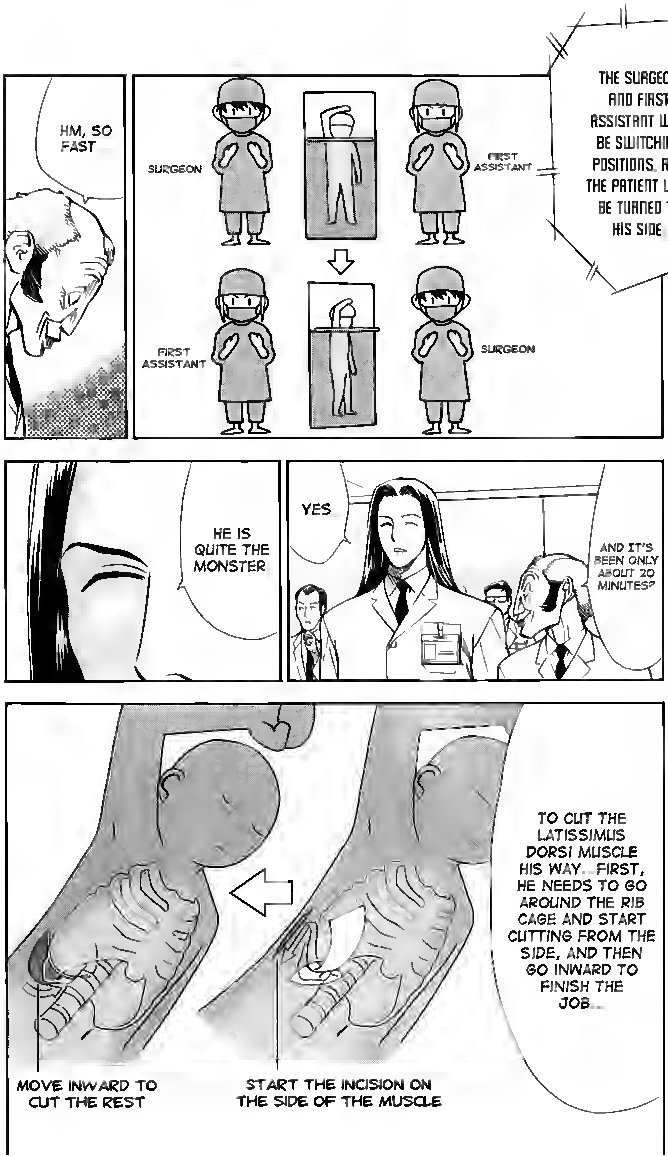
It's just that... this time, Bro brought a man here who is probably his trump card.

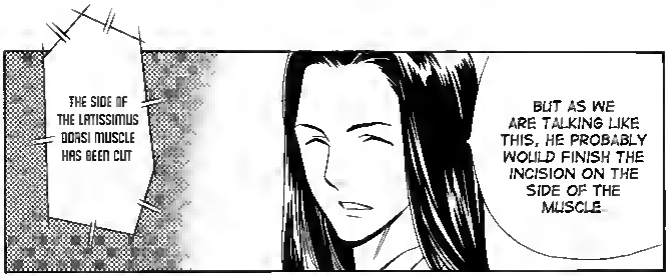
THE PATIENT IS TAKAHASHI YUUMA-KUN, A FIVE-YEAR-OLD BOY

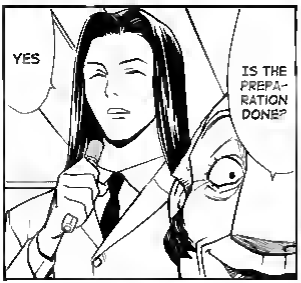

TO HAVE THE MINIMUM AMOUNT OF CUTTING, WE WILL BEGIN AT THE SCAR LEFT BY THE OPERATION PERFORMED RIGHT AFTER HIS BIRTH.
ENTRY AT THE SCAR

I have to think ahead of time if there are any special odds...
WE SHALL NOW COMMENCE THE DIAPHRAGM RECONSTRUCTION PROCEDURE.

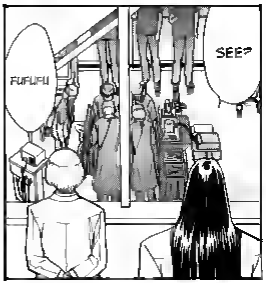
I WILL MAKE AN INCISION ON THE LATISSIMUS DORSI MUSCLE. WHICH IS THE MUSCLE ON THE BACK.
GET TO THE BACK SIDE
MAKE AN INCISION ON THE MUSCLE
PASS THE MUSCLE THROUGH THE RIBS
USE IT AS PART OF THE DIAPHRAGM
AYAME, USE THE HOOKS.
GOT IT.
I AM REMOVING THE GORE-TEX THAT WAS PREVIOUSLY ATTACHED.

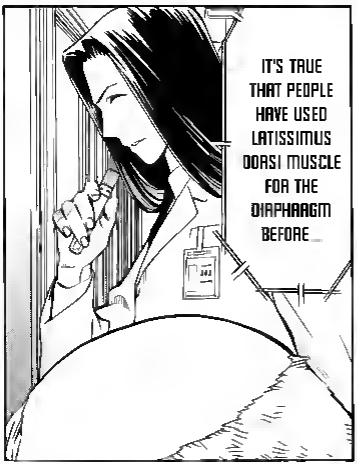

HM, SO FAST
SURGEON
FIRST ASSISTANT
FIRST ASSISTANT
SURGEON
THE SURGEON AND FIRST ASSISTANT WILL BE SWITCHING POSITIONS, AND THE PATIENT WILL BE TURNED TO HIS SIDE
HE IS QUITE THE MONSTER
YES
AND IT'S BEEN ONLY ABOUT 20 MINUTES?
TO CUT THE LATISSIMUS DORSI MUSCLE HIS WAY... FIRST, HE NEEDS TO GO AROUND THE RIB CAGE AND START CUTTING FROM THE SIDE, AND THEN GO INWARD TO FINISH THE JOB...
MOVE INWARD TO CUT THE REST
START THE INCISION ON THE SIDE OF THE MUSCLE

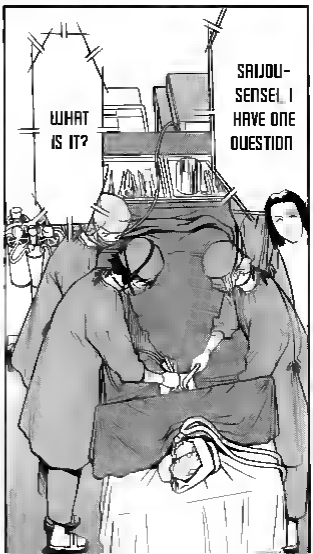

THE SIDE OF THE LATISSIMUS DORSI MUSCLE HAS BEEN CUT
BUT AS WE ARE TALKING LIKE THIS, HE PROBABLY WOULD FINISH THE INCISION ON THE SIDE OF THE MUSCLE

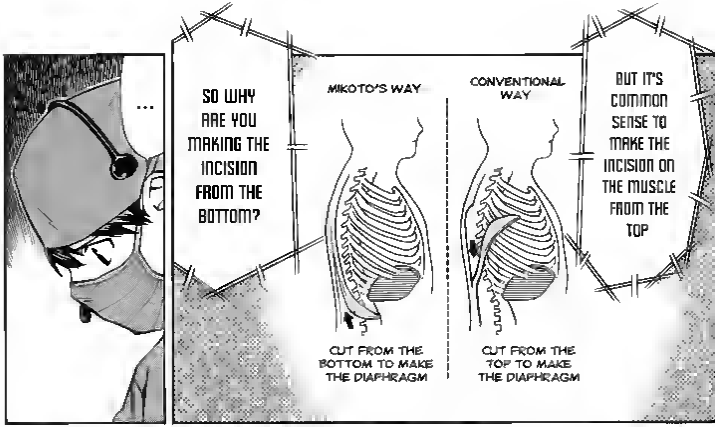

YES
IS THE PREPA-RATION DONE?

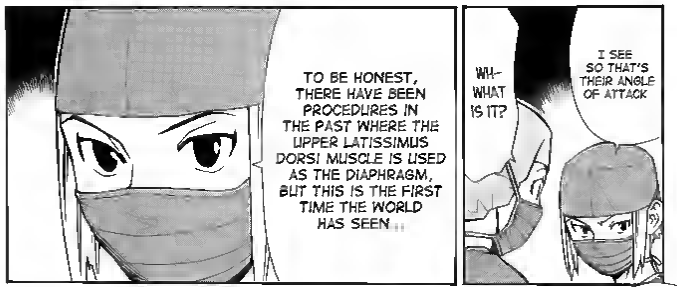
BUT THE REAL CHALLENGE BEGINS HERE...


FUFUFU
SEE?


IT'S TRUE THAT PEOPLE HAVE USED LATISSIMUS DORSI MUSCLE FOR THE DIAPHRAGM BEFORE...

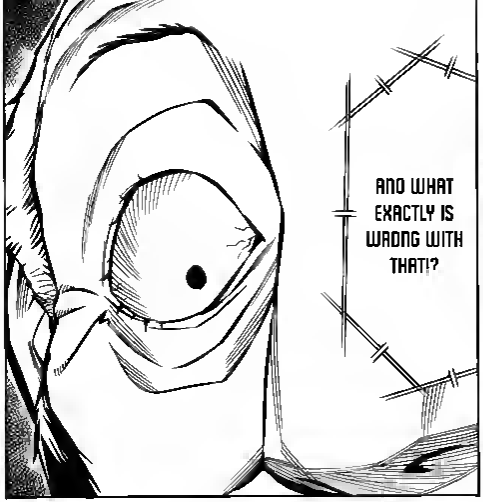

WHAT IS IT?
SAIJOU-SENSEI, I HAVE ONE QUESTION

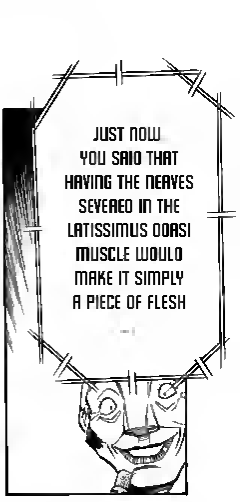

...
SO WHY ARE YOU MAKING THE INCISION FROM THE BOTTOM?
MIKOTO'S WAY
CONVENTIONAL WAY
BUT IT'S COMMON SENSE TO MAKE THE INCISION ON THE MUSCLE FROM THE TOP
CUT FROM THE BOTTOM TO MAKE THE DIAPHRAGM
CUT FROM THE TOP TO MAKE THE DIAPHRAGM

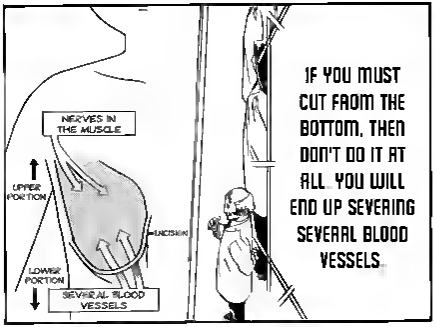

TO BE HONEST, THERE HAVE BEEN PROCEDURES IN THE PAST WHERE THE UPPER LATISSIMUS DORSI MUSCLE IS USED AS THE DIAPHRAGM, BUT THIS IS THE FIRST TIME THE WORLD HAS SEEN...
WH-WHAT IS IT?
I SEE SO THAT'S THEIR ANGLE OF ATTACK

THE REASON IS THAT I DO NOT WANT TO DAMAGE THE NERVES IN THE MUSCLE
WHAT!?
MIKOTO'S ORIGINAL TECHNIQUE

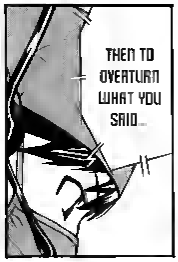
YES, THAT'S RIGHT.
ISN'T THAT RIGHT, CHANCELLOR?
BUT THERE IS A PROBLEM WITH THAT
I SEE
THE NERVES ARE LOCATED IN THE UPPER AREA. SO IF I CUT OFF THAT PORTION, THE NERVES WILL BE SEVERED AND IT WILL SIMPLY BECOME A PIECE OF FLESH.
THE NERVES
NICE TO MEET YOU, SAIJOU MIKOTO-KUN. I AM THE CHANCELLOR OF TEIOU UNIVERSITY. YOUROU SHIGETOSHI
THIS OPERATION IS EXTREMELY DANGEROUS, AND YOU ARE BEING IRRESPONSIBLE.
THIS IS GOING AWAY FROM THE TOPIC A LITTLE BIT BUT I USED TO BE A PLASTIC SURGEON SO I KNOW MORE ABOUT MUSCLES THAN ANYONE ELSE
AND COMING FROM EXPERIENCE I WOULD HAVE TO SAY THAT

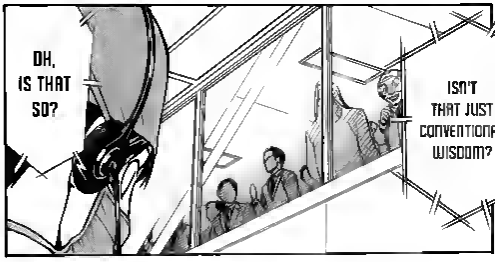

AND WHAT EXACTLY IS WRONG WITH THAT!?


JUST NOW YOU SAID THAT HAVING THE NERVES SEVERED IN THE LATISSIMUS DORSI MUSCLE WOULD MAKE IT SIMPLY A PIECE OF FLESH


NERVES IN THE MUSCLE
UPPER PORTION
INCISION
LOWER PORTION
SEVERAL BLOOD VESSELS
IF YOU MUST CUT FROM THE BOTTOM, THEN DON'T DO IT AT ALL. YOU WILL END UP SEVERING SEVERAL BLOOD VESSELS.

OTHER THAN HAVING IT BECOME PART OF THE DIAPHRAGM, THERE'S NO NEED FOR IT TO BE ANYTHING MORE THAN JUST A PIECE OF NORMAL FLESH.


THEN TO OVERTURN WHAT YOU SAID...

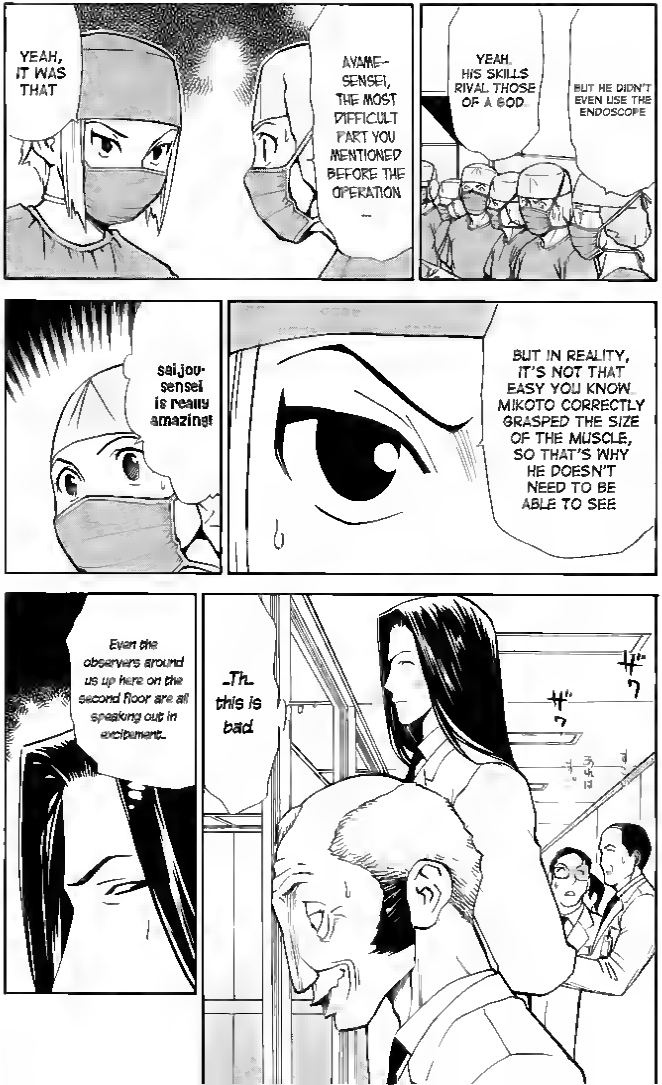

OH, IS THAT SO?
ISN'T THAT JUST CONVENTIONAL WISDOM?

FROM TODAY, THIS WILL BECOME THE COMMON PROCEDURE!
!?
I'LL CHEW YOU TO BITS, YOU INSIGNIFICANT BAAT!!
ザワ…
ドキッ
ビクッ
H-how impertinent…!
I…

Ah ok...
NOT ONLY THE SURGEON, BUT THE OBSERVERS ALL AROUND CAN HEAR YOU AS WELL, SO PLEASE BE CAREFUL
C-CHANCELLOR, YOUR MIKE IS STILL ON.
NERVES IN THE MUSCLE
PEEPE RAPLE
SEVERAL BLOOD VESSELS
IT'S TRUE THAT IT WOULD BE BETTER TO NOT SEVER THE NERVES BUT IN A PROCEDURE WHERE YOU JUST NEED TO MAKE A DIAPHRAGM IT'S MORE ADVANTAGEOUS TO SAVE THE BLOOD VESSELS THAN THE NERVES
I WAS TRYING TO SAY, YOU ARE A BIT CHEEKY
IT'S TRUE THAT I WILL HAVE TO SEVER SEVERAL BLOOD VESSELS IN THE PROCESS
THAT WILL NOT HAPPEN
WHEN YOU MAKE THE INCISION ON THE LOWER PORTION THERE IS THE POSSIBILITY OF NOT HAVING ENOUGH BLOODFLOW

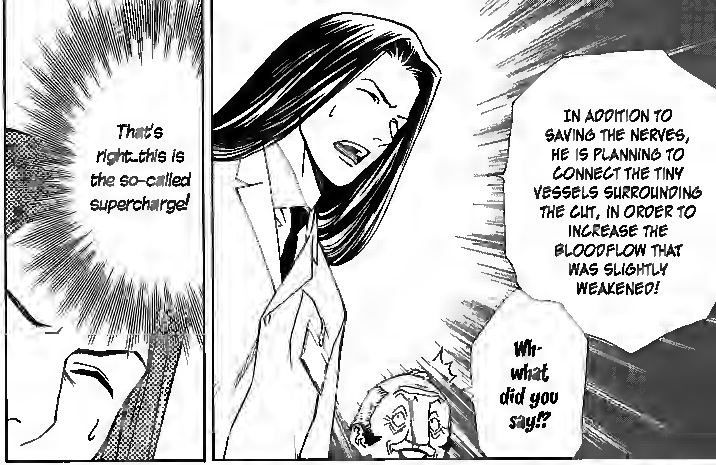
THAT IS JUST YOUR OWN THEORY.
HMPH.
NERVES IN THE MUSCLE
DORSAL THORACIC ARTERY
THERE WILL BE ENOUGH BLOOD FLOW WITH JUST THE DORSAL THORACIC ARTERY
INCISION
SEVERAL BLOOD VESSELS
BECAUSE THE DORSAL THORACIC ARTERY IN THE UPPER PORTION WILL REMAIN CONNECTED, HAVING ENOUGH BLOOD FLOW WILL NOT BE A PROBLEM.
OK
YOU'RE JUST USING HIM AS A HUMAN EXPERIMENT!!
AND SINCE YOU HAVE NEVER DONE IT BEFORE HOW DO YOU KNOW IT WILL WORK?
UM, AND NOW,
WHAT WERE YOU SAYING?
INCISION ON THE LATISSIMUS DORSI MUSCLE IS COMPLETE

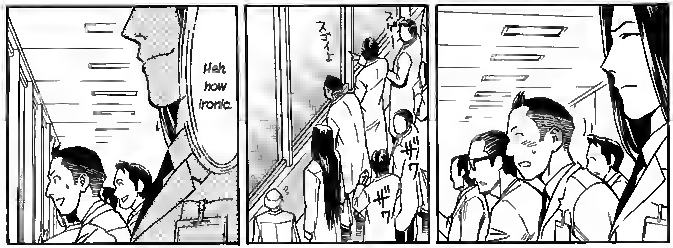
T-that brat...
I WASN'T LISTENING BECAUSE THE PART JUST NOW WAS THE MOST DIFFICULT
Guh!
WOAH, DID YOU SEE THAT JUST NOW !?
Yeah, I did!
THE HARDEST PART WAS JUST NOW...WHEN HE WAS CUTTING NEAR THE RIB CAGE, RIGHT?
Of course
IT'S IN THE DEEPEST PART OF THE BACK, SO NO MATTER HOW MUCH YOU TRY TO PULL THE OPENING, YOU CAN'T REALLY SEE MUCH INSIDE


YEAH, IT WAS THAT
AYAME-SENSEI, THE MOST DIFFICULT PART YOU MENTIONED BEFORE THE OPERATION ...
YEAH. HIS SKILLS RIVAL THOSE OF A GOD.
BUT HE DIDN'T EVEN USE THE ENDOSCOPE
sai.jou-sensei is really amazing!
BUT IN REALITY, IT'S NOT THAT EASY YOU KNOW. MIKOTO CORRECTLY GRASPED THE SIZE OF THE MUSCLE, SO THAT'S WHY HE DOESN'T NEED TO BE ABLE TO SEE
Even the observers around us up here on the second floor are all speaking out in excitement...
...Th... this is bad.

LISTEN UP, IF YOU DIDN'T HEAR IT BEFORE, I'LL SAY IT AGAIN....
At this rate, it'll turn out to be like always.
OH YEAH, YOU WERE TALKING ABOUT THAT BEFORE.
WHEN YOU CUT THE LOWER PORTION, THE BLOODFLOW ...
AND SUPERCHARGE IT!
!?
Su... super-charge !?
BUT THERE IS NO NEED TO WORRY ABOUT THE BLOOD VESSELS.
SO...SO YOU WERE LISTENING AFTER ALL!!
I WILL MAKE THE MUSCLE GO THROUGH THE RIBS...
THE MUSCLE WILL GO THROUGH THE RIB CAGE.

Supercharge ..I have heard before that it's a new technique of some kind..
PROBABLY NOT
Sa-Sadame-chan what is it?
Some kind of nutrient?
WH, WHAT IS IT?
OH NO, THAT'S RIGHT! THE MICROSCOPE !!
YES SIR
PLEASE START PREPARING THE MICROSCOPE
IN OTHER WORDS, FROM THE VERY BEGINNING, SAIJOU ALREADY PREDICTED OUR OBJECTIONS
LIKE YOU ALREADY KNOW, MICROSCOPES LIKE THAT WILL NOT BE PLACED IN OPERATING ROOMS UNLESS THE SURGEON IS PLANNING TO SEW UP BLOOD VESSELS THINNER THAN 1MM
TO BE HONEST, I DIDN'T PAY ATTENTION TO THE FACT THAT THE MICROSCOPE WAS PLACED IN THIS ROOM


That's right...this is the so-called supercharge!
IN ADDITION TO SAVING THE NERVES, HE IS PLANNING TO CONNECT THE TINY VESSELS SURROUNDING THE CUT, IN ORDER TO INCREASE THE BLOODFLOW THAT WAS SLIGHTLY WEAKENED!
Wh-what did you say!?


Heh, how ironic.

THIS IS MY UTTER DEFEAT!
EXCELLENT!
To lose so completely actually feels good.

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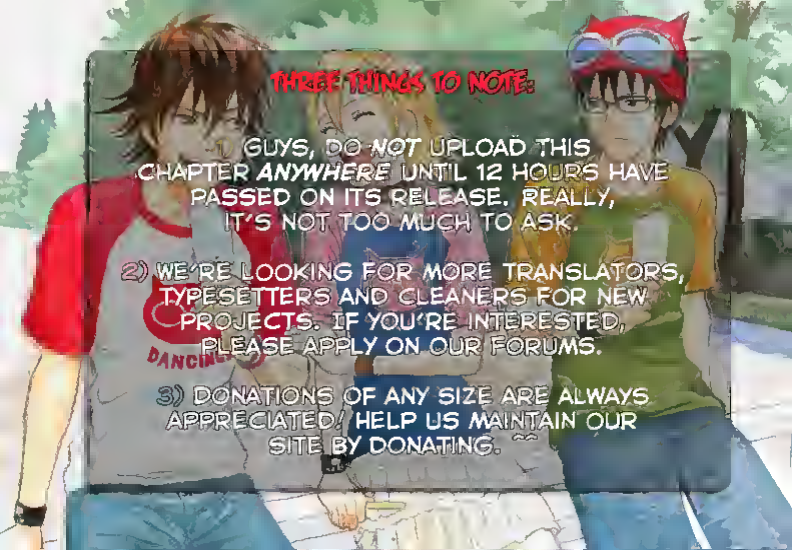
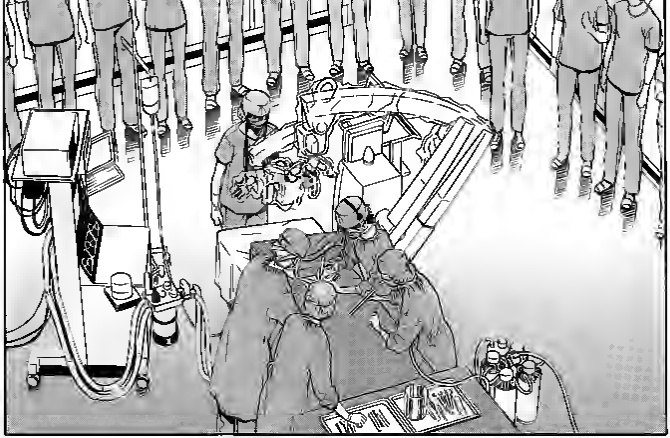
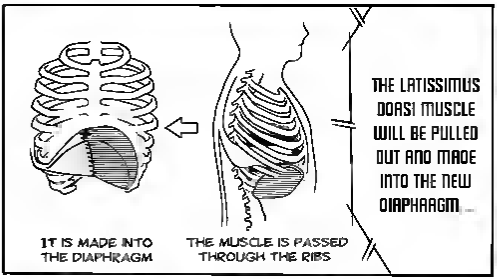
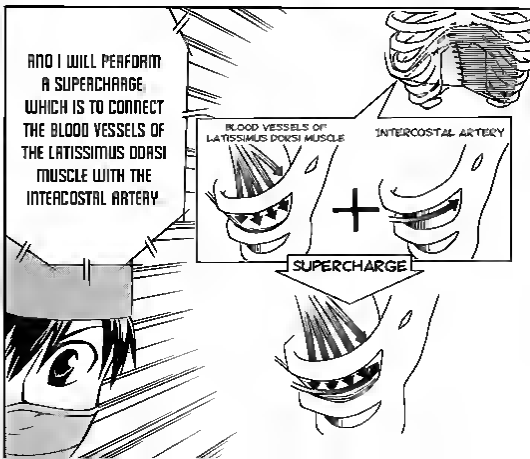

THREE THINGS TO NOTE:
1) GUYS, DO *NOT* UPLOAD THIS CHAPTER *ANYWHERE* UNTIL 12 HOURS HAVE PASSED ON ITS RELEASE. REALLY, IT'S NOT TOO MUCH TO ASK.
2) WE'RE LOOKING FOR MORE TRANSLATORS, TYPESETTERS AND CLEANERS FOR NEW PROJECTS. IF YOU'RE INTERESTED, PLEASE APPLY ON OUR FORUMS.
3) DONATIONS OF ANY SIZE ARE ALWAYS APPRECIATED! HELP US MAINTAIN OUR SITE BY DONATING. ^^

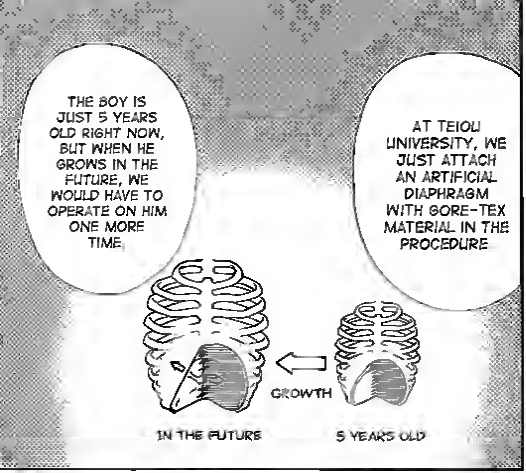
CHAPTER 30:
WHAT ISN'T PERFECT



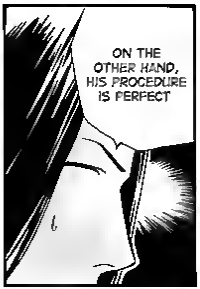

IT IS MADE INTO THE DIAPHRAGM
THE MUSCLE IS PASSED THROUGH THE RIBS
THE LATISSIMUS DORSI MUSCLE WILL BE PULLED OUT AND MADE INTO THE NEW DIAPHRAGM

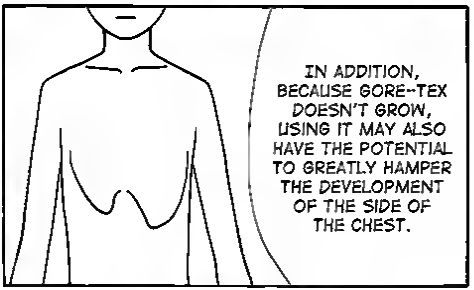
I WILL BE MAKING AN INCISION ON THE SEVENTH INTERCOSTAL VEIN


AND I WILL PERFORM A SUPERCHARGE WHICH IS TO CONNECT THE BLOOD VESSELS OF THE LATISSIMUS DORSI MUSCLE WITH THE INTERCOSTAL ARTERY
BLOOD VESSELS OF LATISSIMUS DORSI MUSCLE
INTERCOSTAL ARTERY
SUPERCHARGE

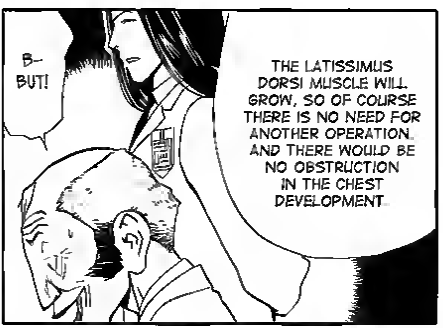

THE BOY IS JUST 5 YEARS OLD RIGHT NOW, BUT WHEN HE GROWS IN THE FUTURE, WE WOULD HAVE TO OPERATE ON HIM ONE MORE TIME.
AT TEIOU UNIVERSITY, WE JUST ATTACH AN ARTIFICIAL DIAPHRAGM WITH GORE-TEX MATERIAL IN THE PROCEDURE
GROWTH
IN THE FUTURE
5 YEARS OLD

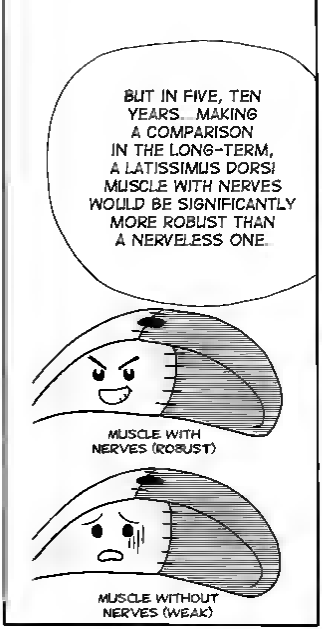
WH... WHAT A THING TO DO...
IT'S OUR UTTER DEFEAT, CHANCELLOR


ON THE OTHER HAND, HIS PROCEDURE IS PERFECT

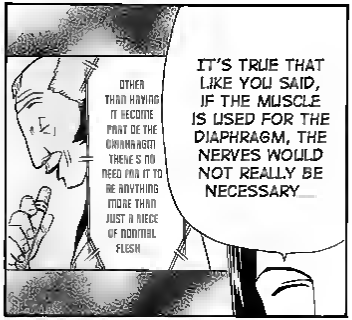

IN ADDITION, BECAUSE GORE-TEX DOESN'T GROW, USING IT MAY ALSO HAVE THE POTENTIAL TO GREATLY HAMPER THE DEVELOPMENT OF THE SIDE OF THE CHEST.

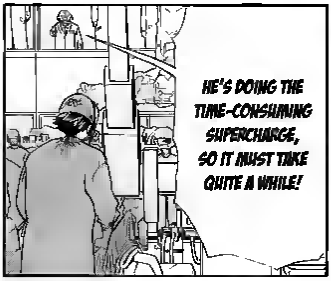
HE'S MAKING A BIG FUSS OVER THE NERVES THAT AREN'T NECESSARY IN THE FIRST PLACE...
CHAN-CELLOR


B-BUT!
THE LATISSIMUS DORSI MUSCLE WILL GROW, SO OF COURSE THERE IS NO NEED FOR ANOTHER OPERATION. AND THERE WOULD BE NO OBSTRUCTION IN THE CHEST DEVELOPMENT


BUT IN FIVE, TEN YEARS... MAKING A COMPARISON IN THE LONG-TERM, A LATISSIMUS DORSI MUSCLE WITH NERVES WOULD BE SIGNIFICANTLY MORE ROBUST THAN A NERVELESS ONE.
MUSCLE WITH NERVES (ROBUST)
MUSCLE WITHOUT NERVES (WEAK)

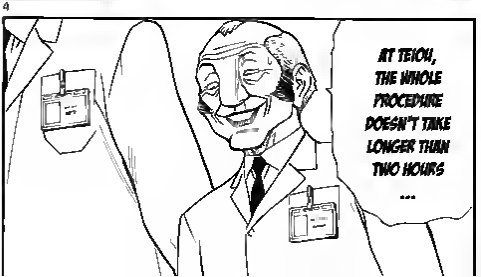
IN REALITY, YOU KNOW AS WELL, DON'T YOU?


IT'S TRUE THAT LIKE YOU SAID, IF THE MUSCLE IS USED FOR THE DIAPHRAGM, THE NERVES WOULD NOT REALLY BE NECESSARY...
OTHER THAN HAVING IT BECOME PART OF THE DIAPHRAGM, THERE'S NO NEED FOR IT TO BE ANYTHING MORE THAN JUST A PIECE OF NORMAL FLESH


HE'S DOING THE TIME-CONSUMING SUPERCHARGE, SO IT MUST TAKE QUITE A WHILE!

WE-WELL, WHAT ABOUT THE OPERATION TIME?

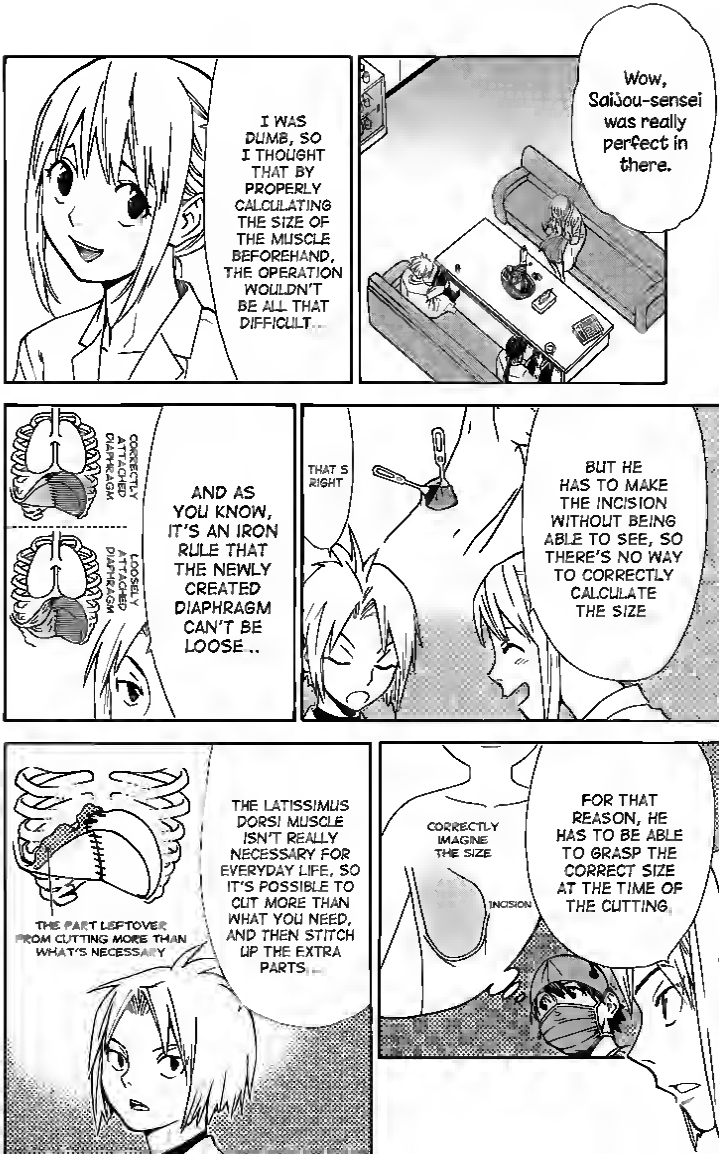
IF ENOUGH BLOOD FLOW IS MAINTAINED, IT'S DEFINITELY BETTER TO KEEP THE NERVES.
GRR ---!


AT TEIOU, THE WHOLE PROCEDURE DOESN'T TAKE LONGER THAN TWO HOURS ...

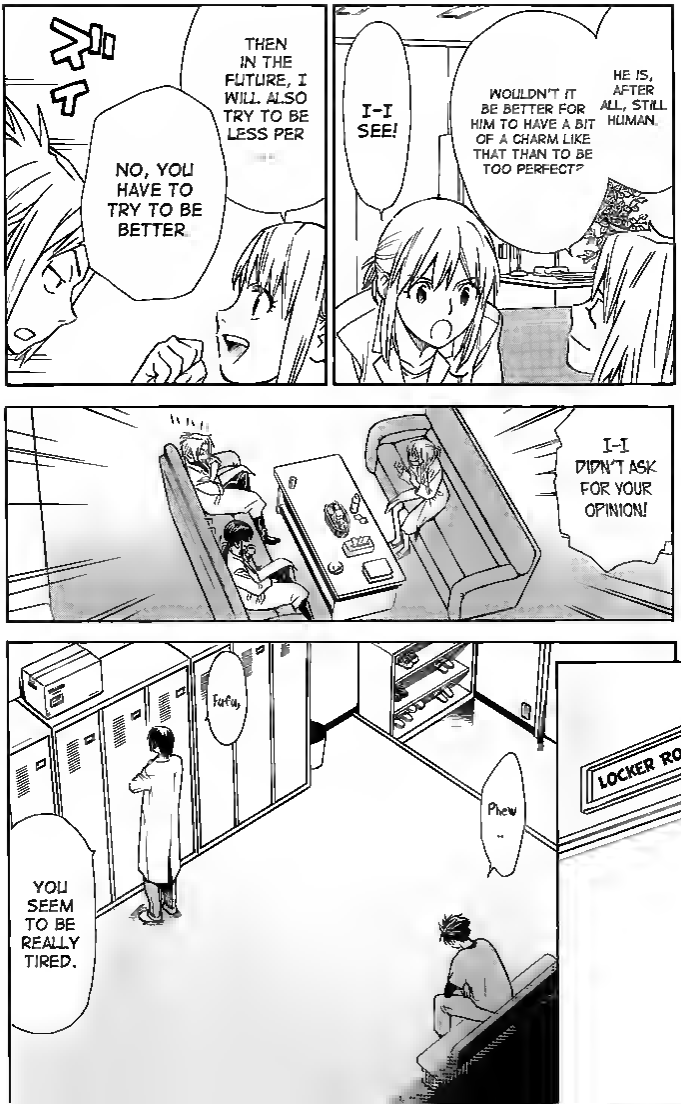
OK, THE OPERATION IS OVER
WITH HIS TROUBLESOME WAY, IT SHOULD TAKE FOUR HOURS NO MATTER WHAT!
UNBELIEVABLE
ONLY TWO HOURS AND A HALF
Wooow, sensei! It's only been two and a half hours!
ARE YOU SAYING THAT THERE IS SOMETHING FOR ME TO GAIN BY BEING ON HIS SIDE?
WHOSE SIDE ARE YOU ON?
SADAME-CHAN, WHAT IS THE MEANING OF THIS?
...
AND THE OPERATION TIME HAS ONLY CHANGED BY HALF AN HOUR

LOOK AT THE CONDITION AROUND US, EVEN WITH, YOUR PRESENCE
TO THINK THAT IT WOULD TURN OUT THIS WAY
HMPH
FAR FROM BEING AN ELITE AFTER ALL.
LIKE THE TROPICAL FISH, DEAD TOO SOON
?
I DO HAVE TO ADMIT THAT THAT BOY HAS SOME AMAZING MEDICAL SKILLS.
...
I'M TALKING ABOUT YOU, SADAME-CHAN. YOU HAVE TO BE MORE DESPERATE.

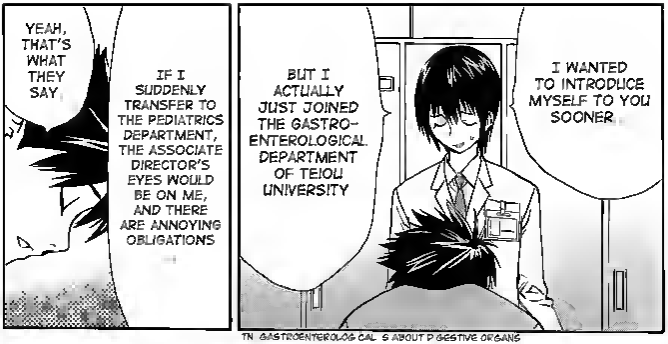
I DON'T KNOW WHAT IT IS, BUT HE MUST HAVE A WEAKNESS.
...
BUT, AS LONG AS HE'S HUMAN, HE ISN'T PERFECT.
I WILL SHOW YOU HOW I MANAGED TO CLIMB ALL THE WAY UP ...
WELL, JUST WATCH
PEDIATRIC SURGERY
TO THE POSITION OF CHANCELLOR.


I WAS DUMB, SO I THOUGHT THAT BY PROPERLY CALCULATING THE SIZE OF THE MUSCLE BEFOREHAND, THE OPERATION WOULDN'T BE ALL THAT DIFFICULT...
Wow, Saiôu-sensei was really perfect in there.
CORRECTLY ATTACHED DIAPHRAGM
LOOSELY ATTACHED DIAPHRAGM
AND AS YOU KNOW, IT'S AN IRON RULE THAT THE NEWLY CREATED DIAPHRAGM CAN'T BE LOOSE ..
THAT'S RIGHT
BUT HE HAS TO MAKE THE INCISION WITHOUT BEING ABLE TO SEE, SO THERE'S NO WAY TO CORRECTLY CALCULATE THE SIZE
THE PART LEFTOVER FROM CUTTING MORE THAN WHAT'S NECESSARY
THE LATISSIMUS DORSI MUSCLE ISN'T REALLY NECESSARY FOR EVERYDAY LIFE, SO IT'S POSSIBLE TO CUT MORE THAN WHAT YOU NEED, AND THEN STITCH UP THE EXTRA PARTS...
CORRECTLY IMAGINE THE SIZE
INCISION
FOR THAT REASON, HE HAS TO BE ABLE TO GRASP THE CORRECT SIZE AT THE TIME OF THE CUTTING.

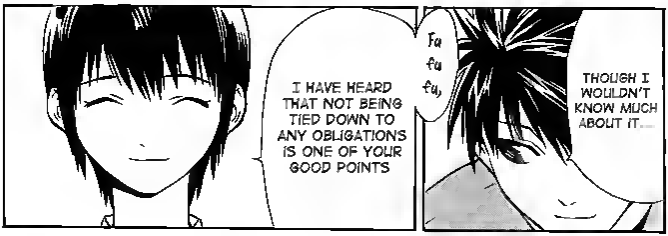
JUST RIGHT
IN SAIJOU-SENSEI'S CASE, I WAS SURPRISED THAT IN THE END, WHEN HE WAS SEWING UP THE DIAPHRAGM, THE SIZE WAS PRETTY MUCH JUST RIGHT.
YOU'RE RIGHT--!
BUT IN THE END, IT'S STILL A MUSCLE, SO IT'S OBVIOUSLY BETTER TO WASTE AS LITTLE OF IT AS POSSIBLE.
HUH? SPEAKING OF WHICH, WHERE IS HE?
IN THE LOCKER ROOM, HE SAID THAT HE WAS A BIT TIRED, SO HE'S GOING TO SIT DOWN FOR A BIT.
YEAH, PRETTY MUCH.
HE DIDN'T COME BACK WITH YOU AFTER THE OPERATION?

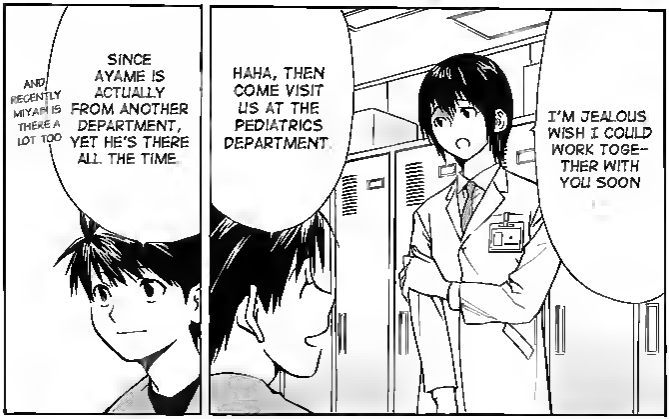

THEN IN THE FUTURE, I WILL. ALSO TRY TO BE LESS PER
NO, YOU HAVE TO TRY TO BE BETTER.
I-I SEE!
WOULDN'T IT BE BETTER FOR HIM TO HAVE A BIT OF A CHARM LIKE THAT THAN TO BE TOO PERFECT?
HE IS, AFTER ALL, STILL HUMAN.
I-I DIDN'T ASK FOR YOUR OPINION!
LOCKER ROOM
Fufu
Phew
YOU SEEM TO BE REALLY TIRED.

AFTER COMPLETING THE OPERATION SO WELL WITH SO MUCH PRESSURE, YOU SHOULD TAKE A REST.
.....
WHAT'S YOUR NAME?
SHI-RANUI
SHIRANUI DAIKI.
I LOOK UP TO YOU, AND I'M INTE-RESTED IN THE PEDIATRICS DEPARTMENT .....
ALTHOUGH I HAVE MET SENA-SAN BEFORE...
OH
THREE YOUNG DOCTORS HAS COME TO MAKE INQUIRES THEY SAID THEY WERE INTERESTED IN THE PEDI-ATRICS
I SEE
SHE DID MENTION TO ME THAT THERE WERE THREE PEOPLE WHO WANTED TO JOIN.
ALL THREE OF THEM ARE SAID TO BE PRETTY SKILLFUL, WITH GREAT EXPECTATIONS FOR THE FUTURE
YES, I AM ONE OF THE THREE DOCTORS.


I WANTED TO INTRODUCE MYSELF TO YOU SOONER
BUT I ACTUALLY JUST JOINED THE GASTRO-ENTEROLOGICAL DEPARTMENT OF TEIOU UNIVERSITY
IF I SUDDENLY TRANSFER TO THE PEDIATRICS DEPARTMENT, THE ASSOCIATE DIRECTOR'S EYES WOULD BE ON ME, AND THERE ARE ANNOYING OBLIGATIONS
YEAH, THAT'S WHAT THEY SAY

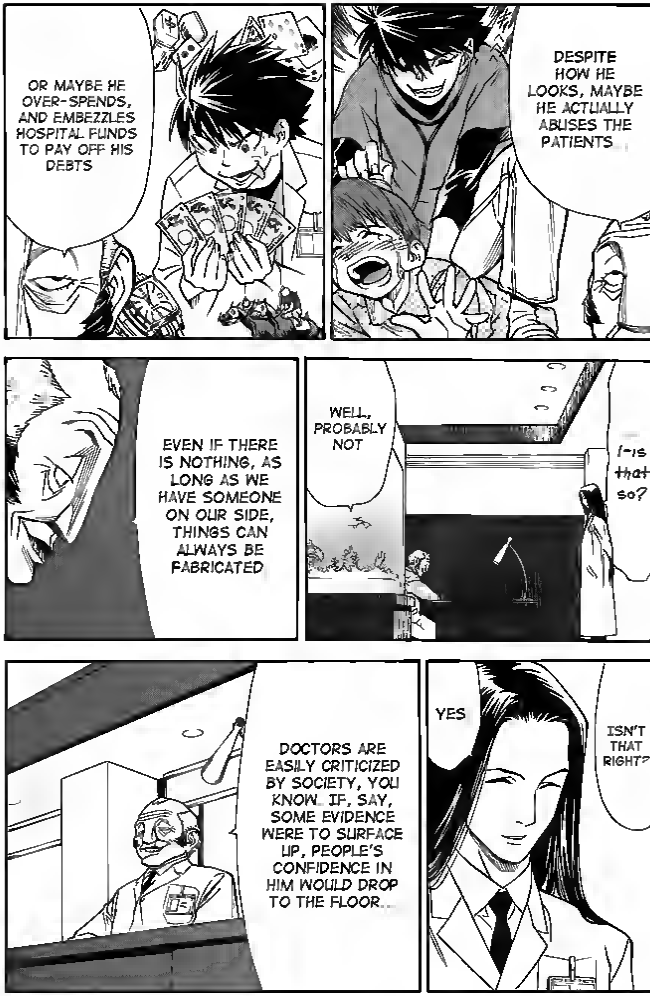
TN: GASTROENTEROLOGICAL IS ABOUT DIGESTIVE ORGANS


THOUGH I WOULDN'T KNOW MUCH ABOUT IT...
Fu fu fu,
I HAVE HEARD THAT NOT BEING TIED DOWN TO ANY OBLIGATIONS IS ONE OF YOUR GOOD POINTS


I'M JEALOUS WISH I COULD WORK TOGE-THER WITH YOU SOON
HAHA, THEN COME VISIT US AT THE PEDIATRICS DEPARTMENT
SINCE AYAME IS ACTUALLY FROM ANOTHER DEPARTMENT, YET HE'S THERE ALL THE TIME
AND RECENTLY MIYAHI IS THERE A LOT TOO

Really, I can visit!?
I will really be going there then.
FEEL FREE, FEEL FREE
AND I'LL ALSO TELL AYAME NOT TO BULLY YOU AROUND
H-huh~~ Now I'm scared
Aha ha ha.
LOCKER ROO
CHANCE-LLOR, YOU HAVE MY ADMIRA-TION.

THAT I'D SHOW YOU HOW I CAME INTO THE POSITION OF CHANCELLOR
I TOLD YOU,
TO THINK THAT YOU HAVE SLIPPED A SPY INTO ONE OF THE THREE INTERESTED IN PEDIATRICS
SADAME-CHAN, YOU ARE LACKING IN THAT ASPECT
YOU SHOULD CONSTANTLY GIVE IT YOUR ALL, AND WIN BY ALWAYS MAKING THE FIRST MOVE
BUT WE DON'T KNOW THAT.
EVEN THOUGH HE'S HUMAN, HE GIVES ME THE IMPRESSION OF HAVING HIGH MORALS
SURR
PLEASE FORGIVE ME
I TOLD YOU THIS JUST NOW BUT YOU HAVE NO SENSE OF DESPE-RATION
BUT WILL THERE REALLY BE SOME RESULT FROM USING A SPY?


OR MAYBE HE OVER-SPENDS, AND EMBEZZLES HOSPITAL FUNDS TO PAY OFF HIS DEBTS
DESPITE HOW HE LOOKS, MAYBE HE ACTUALLY ABUSES THE PATIENTS...
EVEN IF THERE IS NOTHING, AS LONG AS WE HAVE SOMEONE ON OUR SIDE, THINGS CAN ALWAYS BE FABRICATED
WELL, PROBABLY NOT
I-IS THAT SO?
DOCTORS ARE EASILY CRITICIZED BY SOCIETY, YOU KNOW. IF, SAY, SOME EVIDENCE WERE TO SURFACE UP, PEOPLE'S CONFIDENCE IN HIM WOULD DROP TO THE FLOOR...
YES
ISN'T THAT RIGHT?

AND SAIJOU WOULD BE DESTROYED WITHOUT BEING ABLE TO RESIST.
.....
THE NEXT DAY ---
GOOD MORNING, SHIRAN-UI-KUN
AH, SAIJOU-SENSEI.
WILL YOU BE GOING TO WORK NOW?
YEAH
IT WAS SAKAMOTO-SENSEI'S SHIFT YESTERDAY, SO I ACTUALLY GOT TO GO HOME
OH YEAH, SAKA-MOTO-SENSEI

IN THAT CASE, ALTHOUGH IT'S ON THE FOURTH FLOOR, DO YOU WANT TO COME WITH ME?
HE'S ALSO A PRETTY COOL PERSON.
I SEE...
I'M ACTUALLY A FAN OF HIS.
I-I will definitely go!
IF I INTRODUCE YOU TO EVERYONE, IT'LL BE EASIER FOR YOU TO DROP BY.
Is that ok!?
AH... O-OK.
Let's go by stairs then!
IT'S FASTER THIS WAY.

HM?
AH, SORR.
!!?
!!?
WA...WAIT, SHIRANUI-KUN, YOU DON'T HAVE TO GO SO QUICKLY...
YOU DON'T LOOK WELL, SAIJOU-SENSEI!
!!?
Big SFX: "Bump"
S-Saijou-sensei ...?
SFX: "Thud"

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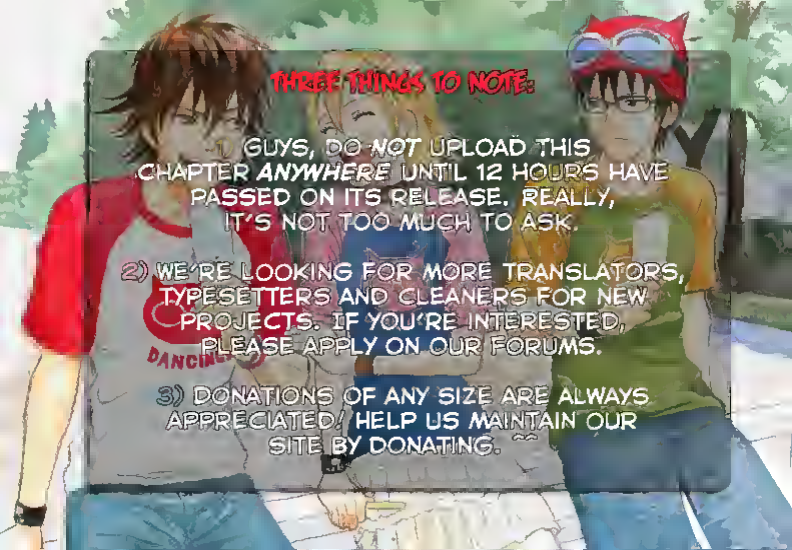
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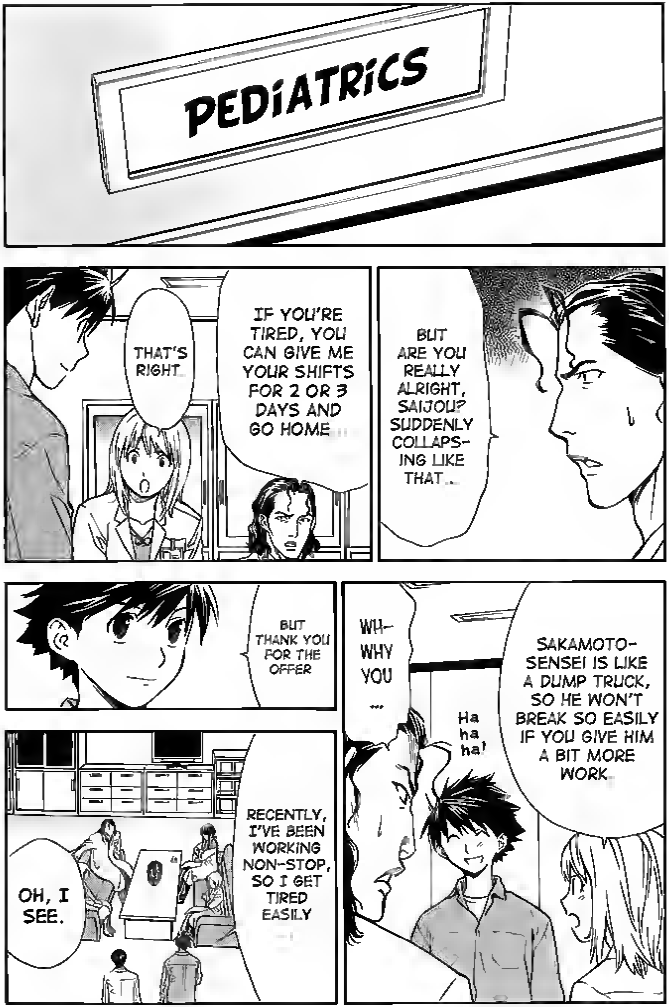
3) DONATIONS OF ANY SIZE ARE ALWAYS APPRECIATED! HELP US MAINTAIN OUR SITE BY DONATING. ^^

CHAPTER 31:

4F
SA-SAIJOU-SENSEI -?
...SA...
Saijou-sensei ~~~!!!
!!
...PHEW... THAT SCARED ME

Maybe I'm a bit tired I tripped on the steps
SAIJOU-SENSEI...
P-PLEASE DON'T SCARE ME LIKE THAT
YOU COLLAPSED SO SUDDENLY, SO I WASN'T SURE WHAT TO THINK..
Haha.. sorry, sorry
GOOD TIMING.
WHAT IS IT?
WHA, WHAT HAP-PENED!?
WHAT'S WITH THE COMMO-TION?
AH! EVERY-ONE...
SENA-SAN PROBABLY KNOWS ALREADY, BUT THIS PERSON IS SHIRANUI-KUN---
.....

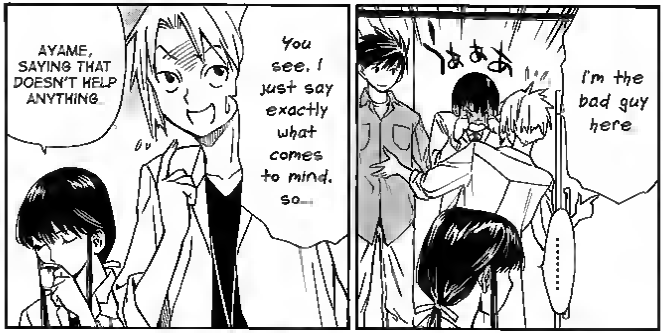

PEDIATRICS
THAT'S RIGHT
IF YOU'RE TIRED, YOU CAN GIVE ME YOUR SHIFTS FOR 2 OR 3 DAYS AND GO HOME
BUT ARE YOU REALLY ALRIGHT, SAIJOU? SUDDENLY COLLAPSING LIKE THAT...
BUT THANK YOU FOR THE OFFER
WH-WHY YOU...
Ha ha ha!
SAKAMOTO-SENSEI IS LIKE A DUMP TRUCK, SO HE WON'T BREAK SO EASILY IF YOU GIVE HIM A BIT MORE WORK
OH, I SEE.
RECENTLY, I'VE BEEN WORKING NON-STOP, SO I GET TIRED EASILY

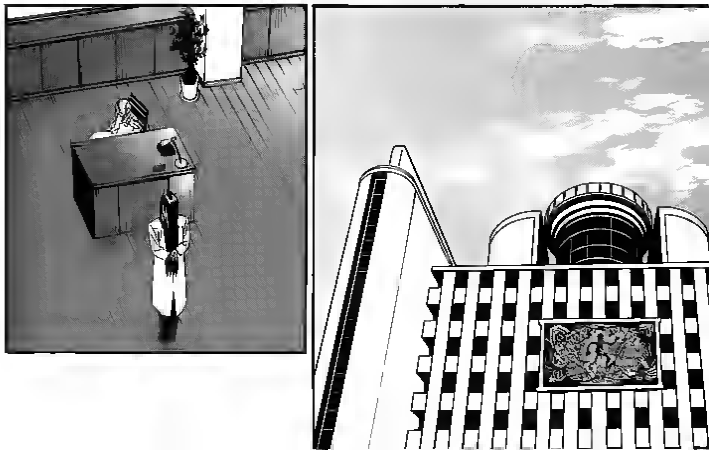
I'M NOT ON SAIJOU-SENSEI'S LEVEL, BUT AMONG THE NEWCOMERS...
HMPH, HOW FISHY
AH, IN THAT CASE, I'LL HELP OUT AS WELL.
ALRIGHT THEN, LET ME AND SENA BE ON DUTY FOR A WHILE
TO BEGIN WITH, WHY ARE YOU TRYING TO GET CLOSE TO MIKOTO WHEN YOU HAVE ONLY MET SENA?
AND I HAVE MET SENA-SAN BEFORE
YEAH
AH... BY FISHY... DO YOU MEAN ME?
A-ABOUT THAT, ISN'T IT OBVIOUS THAT IT'S BECAUSE I DECIDED TO TRANSFER TO PEDIATRICS LITTLE BY LITTLE?
FIRST OF ALL, IF YOU SAY THAT, THEN THE OTHER TWO HAVEN'T...
THAT'S RIGHT
IN SHORT, THE THREE OF YOU ARE GARBAGE THAT CAN'T MAKE UP YOUR MINDS BECAUSE YOU'RE SCARED OF BRO AND TIES OF OBLIGATION

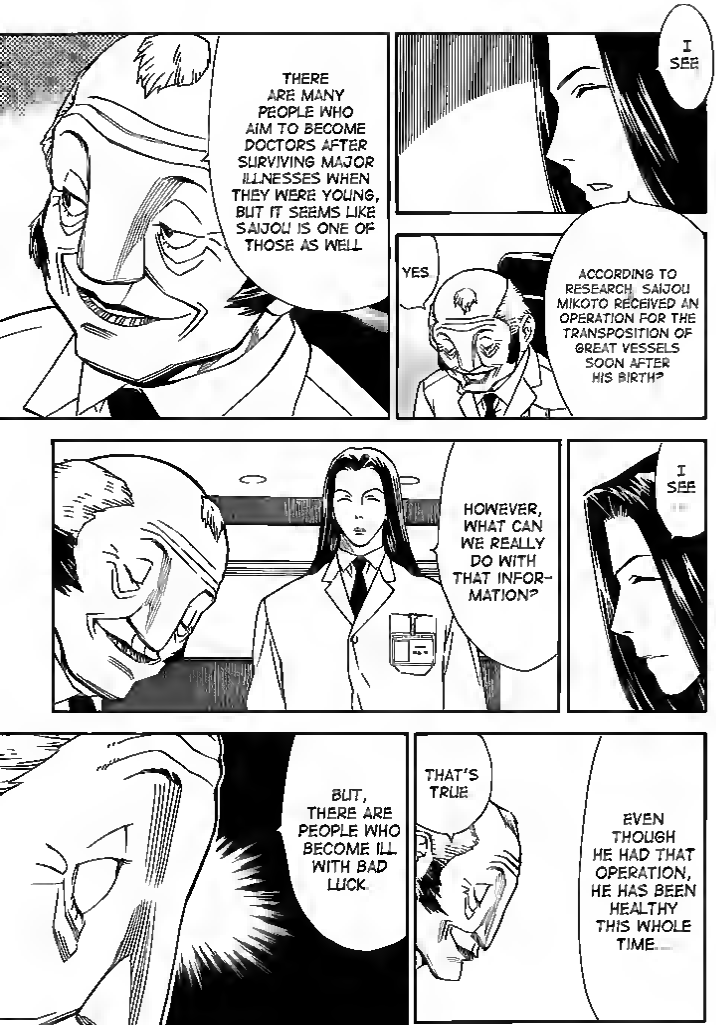
BWH!
WE DON'T NEED WUSSES WHO ARE SCARED BY STUFF LIKE THAT IN OUR DEPARTMENT...
YOU KNOW ~~
WHAT THE HELL ARE YOU DOING~!
DON'T JUST DISMISS NEW MEMBERS AS YOU PLEASE!
TCH
BESIDES, SHIRANUI-SENSEI IS THE BEST YOUNG DOCTOR IN THE GASTRO-ENTEROLOGICAL DEPARTMENT, YOU KNOW!
PEDIATRICS THIS, PEDIATRICS THAT! EVEN THOUGH YOU ARE STILL A CARDIOVASCULAR SURGEON!

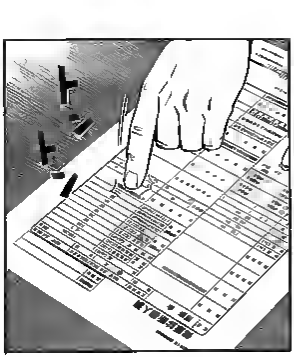
ABOUT HOW THE HONOR STUDENT TYPES LIKE HIM ALWAYS HAVE SOME KIND OF DIRTY SECRETS.
YOU DON'T KNOW ANYTHING
SHIRANUI-KUN IS CRYING.
.....!
THAT'S ENOUGH, AYAME.
LIKE MAYBE HE'S REALLY A HUGE PERVERT.
OR THAT HE'S ACTUALLY A TRAI-TOR.
W-well, um...
じぃ～

S-stop crying, ok! You're a guy, you know...
F-fine. I got it.

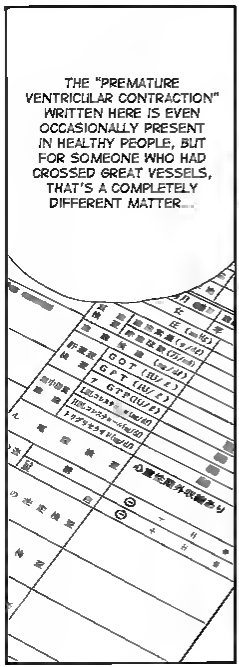

I'm the bad guy here
うぁぁ
You see, I just say exactly what comes to mind, so...
AYAME, SAYING THAT DOESN'T HELP ANYTHING




I SEE
THERE ARE MANY PEOPLE WHO AIM TO BECOME DOCTORS AFTER SURVIVING MAJOR ILLNESSES WHEN THEY WERE YOUNG, BUT IT SEEMS LIKE SAIJOU IS ONE OF THOSE AS WELL
YES
ACCORDING TO RESEARCH, SAIJOU MIKOTO RECEIVED AN OPERATION FOR THE TRANSPOSITION OF GREAT VESSELS SOON AFTER HIS BIRTH?
I SEE
HOWEVER, WHAT CAN WE REALLY DO WITH THAT INFORMATION?
THAT'S TRUE
EVEN THOUGH HE HAD THAT OPERATION, HE HAS BEEN HEALTHY THIS WHOLE TIME...
BUT, THERE ARE PEOPLE WHO BECOME ILL WITH BAD LUCK.

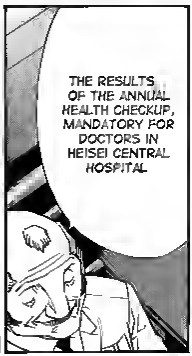


TAKE A LOOK AT THIS


THE "PREMATURE VENTRICULAR CONTRACTION" WRITTEN HERE IS EVEN OCCASIONALLY PRESENT IN HEALTHY PEOPLE, BUT FOR SOMEONE WHO HAD CROSSED GREAT VESSELS, THAT'S A COMPLETELY DIFFERENT MATTER...

THIS IS SAIJOU'S HEALTH CERTIFICATE
CHANC-ELLOR THIS IS

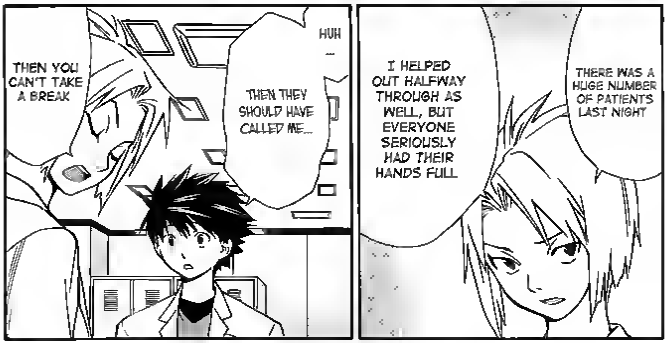
NOT YET
DOES HE KNOW OF THIS?


THE RESULTS OF THE ANNUAL HEALTH CHECKUP, MANDATORY FOR DOCTORS IN HEISEI CENTRAL HOSPITAL

THERE IS A VERY HIGH POSSIBILITY THAT HE HAS BEGUN TO DEVELOP A VERY SERIOUS HEART DISEASE
DON'T YOU THINK SO?
O-OF COURSE
OF COURSE. THERE IS NOTHING IN THE MEDICAL PRACTITIONER'S LAW THAT PREVENTS DOCTORS WITH ILLNESSES FROM TREATING PEOPLE.
RIGHT?
EVEN IF HE DOESN'T SHOW ANY SYMPTOMS NOW, THERE IS A POSSIBILITY THAT A DANGEROUS ONE WILL APPEAR WHEN HE WORKS IN THE FUTURE
TH-THEN
IF HIS CONDITIONS BECOME WORSE, THEN THERE'S NO DOUBT THAT HE WILL NOT BE ABLE TO STAY IN THE PEDIATRICS DEPARTMENT.
LET'S KEEP HIM BUSY FOR A WHILE

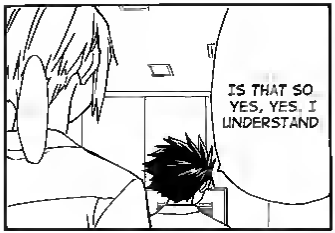
WITH ENOUGH WORK THAT THE FEW PEOPLE THERE WON'T BE ABLE TO HANDLE
THE NEXT MORNING
PEDIATRIC
Mmm...
GOOD MOR...
WH...WHAT'S WRONG WITH EVERYONE?
H-- HUH?

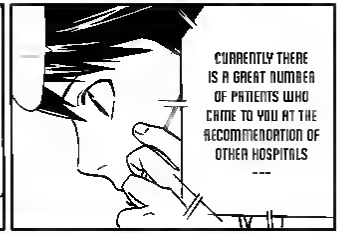
AYAME
I can't anymore
NOTHING YOU CAN DO ABOUT IT
H... HEY
Me too...

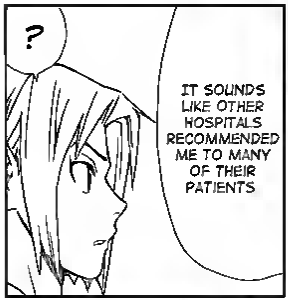

THEN YOU CAN'T TAKE A BREAK
HUH
THEN THEY SHOULD HAVE CALLED ME...
I HELPED OUT HALFWAY THROUGH AS WELL, BUT EVERYONE SERIOUSLY HAD THEIR HANDS FULL
THERE WAS A HUGE NUMBER OF PATIENTS LAST NIGHT

Everyone
THEY ALL WORKED TO THE BONE SO THAT YOU CAN REST

I DON'T KNOW THE REASONS FOR IT, BUT PATIENTS WHO WOULD USUALLY BE SENT TO TEIOU UNIVERSITY HOSPITAL OR HEISEI SECONDARY HOSPITAL ARE ALL SENT HERE.
BUT SOMETHING'S NOT RIGHT
YEAH
NOT RIGHT?
MAYBE THEY ARE BUSY AS WELL, BUT STILL...IT FEELS OFF.
Y, YES
EXCUSE ME, BUT THIS IS THE RECEPTIONIST
PEDIATRICS DEPARTMENT
AH! IS IT SHUJOU-SENSEI?


IS THAT SO. YES, YES. I UNDERSTAND


CURRENTLY THERE IS A GREAT NUMBER OF PATIENTS WHO CAME TO YOU AT THE RECOMMENDATION OF OTHER HOSPITALS ---


?
IT SOUNDS LIKE OTHER HOSPITALS RECOMMENDED ME TO MANY OF THEIR PATIENTS

WHAT IS IT?

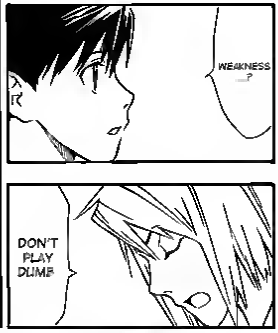
SINCE THEY CAME ALL THE WAY HERE, I CAN'T JUST TURN THEM BACK

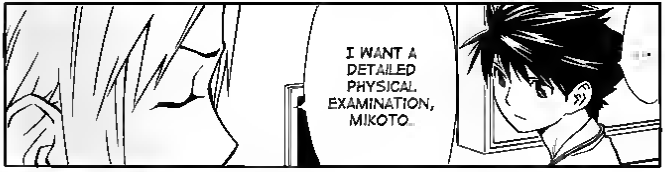
WHO KNOWS? BUT
WH-WHY SO SUDDENLY?

MANY HOURS LATER
I HAVE TO GO EXAMINE THEM!
I'M REALLY SORRY THAT YOU HAD TO WAIT THIS LONG, SINCE WE HAD MANY PATIENTS TODAY...
IT'S FINE
PHEW, I'M SO GLAD
ワーイ
THERE IS NOTHING WRONG WITH HER IN PARTICULAR
I CAME HERE BECAUSE I WAS TOLD THAT YOU ARE AN EXCELLENT DOCTOR SO I KNEW THAT I HAD TO WAIT A LONG TIME FOR MY TURN
WELL THEN, THANK YOU VERY MUCH FOR TODAY
SEE YOU

NEED YOU ASK? THIS IS DEFINITELY NOT RIGHT
OI, MIKOTO DO YOU HAVE A SECOND?
WHAT IS IT?
I SAW THE EXAMINATION RESULTS OF SOME OF THE PATIENTS FROM THIS MORNING
AND THERE ARE SOME KIDS LIKE THE ONE JUST NOW, WHO ARE OBVIOUSLY HEALTHY
THERE'S NO WAY ANYONE WOULD RECOMMEND THEM TO GO SEE ANOTHER DOCTOR
THIS IS DEFINITELY THEIR TRAP
I DON'T KNOW IF IT'S BECAUSE OF BRO OR THAT DEVIL, BUT THEY PROBABLY FOUND OUT ABOUT YOUR WEAKNESS

I DIDN'T REALLY THINK MUCH ABOUT IT UNTIL YESTERDAY, BUT... FOR YOU TO COLLAPSE, AND FOR SOMEONE LIKE YOU TO ASK FOR HELP WITH YOUR SHIFTS, SOMETHING MUST BE WRONG
IF YOU'RE TIRED, YOU CAN GIVE ME YOUR SHIFTS FOR 2 OR 3 DAYS, AND SO MUCH
THAT'S RIGHT
BUT, THANK YOU FOR THE OFFER


WEAKNESS...?
DON'T PLAY DUMB

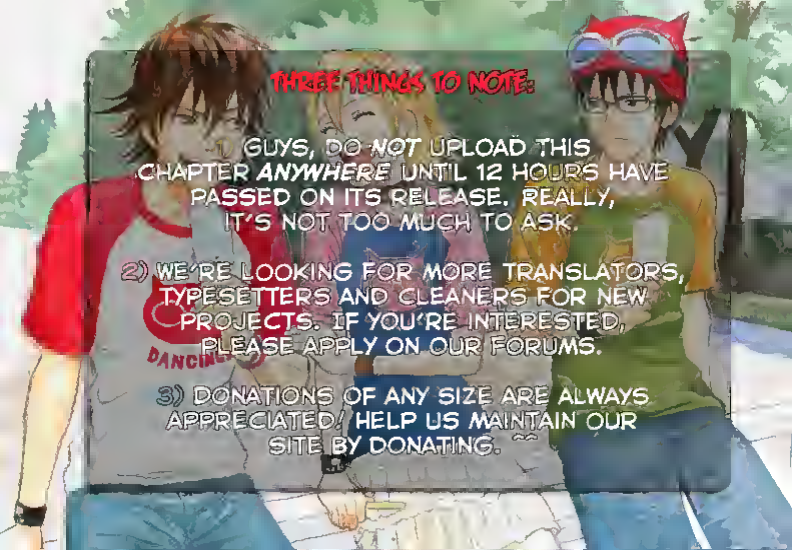

I WANT A DETAILED PHYSICAL EXAMINATION, MIKOTO...

IF YOU REFUSE, THEN I WILL DO EVERYTHING IN MY POWER TO MAKE SURE THAT YOU WON'T BE A DOCTOR FOR A WHILE...

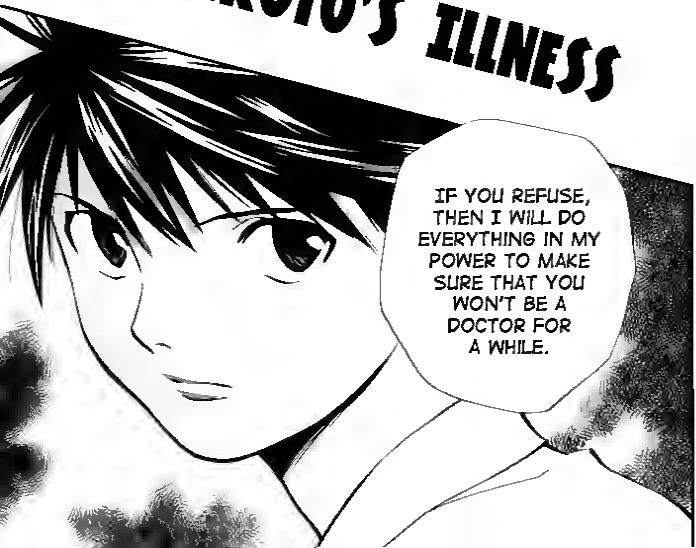
VISIT US AT: HTTP://TRINITYBAKUMA.COM

Saijou no Meii 31
Raw Provider: SlentCaia
Translation: cookie_on_fire
Cleaning: shinigami-kid
Typesetting: Haru, SlentCaia
WE'RE ALWAYS LOOKING FOR MORE STAFF!
CHECK OUT OUR SITE FOR NEW RELEASES AND OUR FORUMS FOR MORE INFORMATION ON HOW TO APPLY.
SHOW YOUR SUPPORT BY BUYING THE OFFICIAL VOLUMES WHEN AVAILABLE

VISIT US AT: HTTP://TRINITYBAKUMA.COM

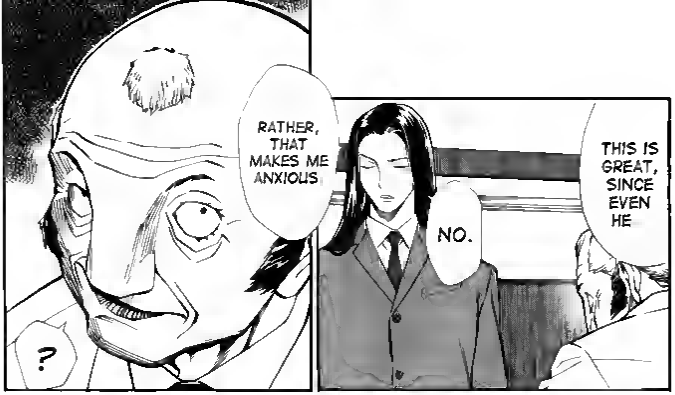

THREE THINGS TO NOTE:
1) GUYS, DO *NOT* UPLOAD THIS CHAPTER *ANYWHERE* UNTIL 12 HOURS HAVE PASSED ON ITS RELEASE. REALLY, IT'S NOT TOO MUCH TO ASK.
2) WE'RE LOOKING FOR MORE TRANSLATORS, TYPESETTERS AND CLEANERS FOR NEW PROJECTS. IF YOU'RE INTERESTED, PLEASE APPLY ON OUR FORUMS.
3) DONATIONS OF ANY SIZE ARE ALWAYS APPRECIATED! HELP US MAINTAIN OUR SITE BY DONATING. ^^

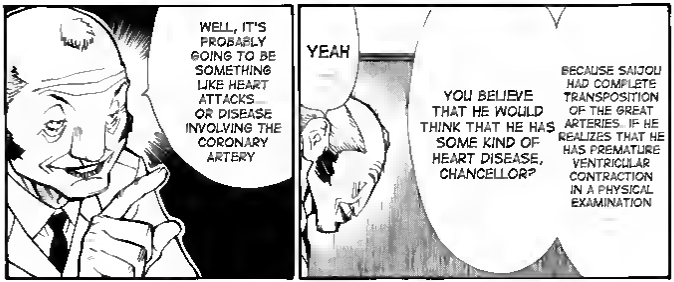
CHAPTER 32: MIKOTO'S ILLNESS

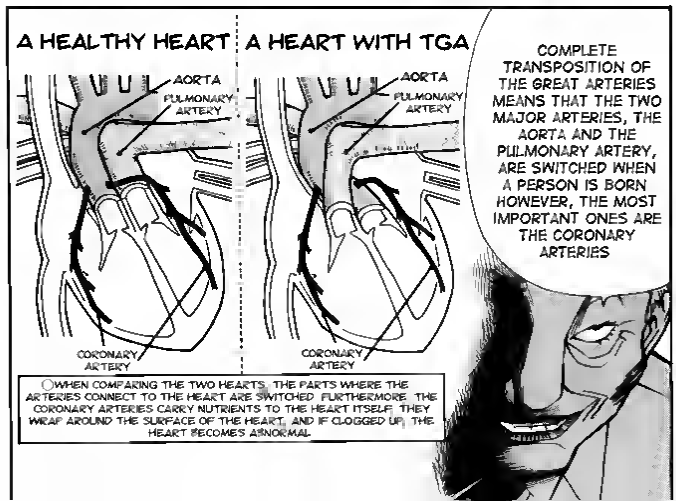


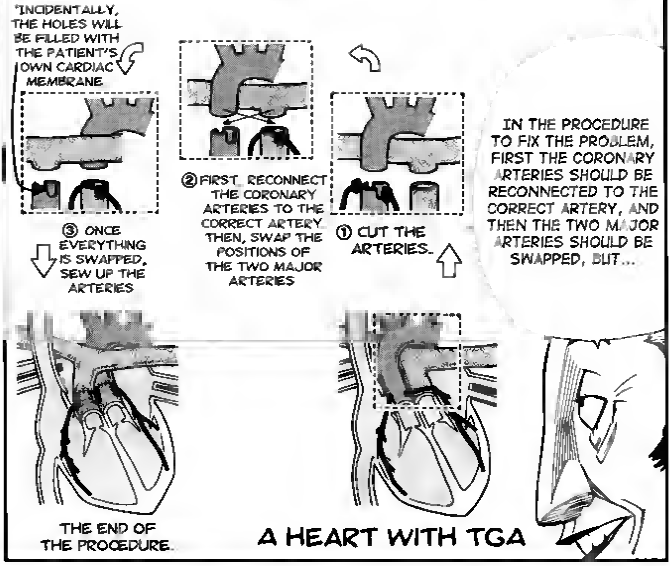
THERE IS NO NEED.
I'M NOT LYING.
ACTUALLY, I WAS JUST THINKING OF TALKING TO YOU ABOUT THAT.
I'M WORRIED ABOUT MY OWN BODY.
I'LL GO GET MYSELF CHECKED UP RIGHT AWAY, AND REST FOR A WHILE.
....

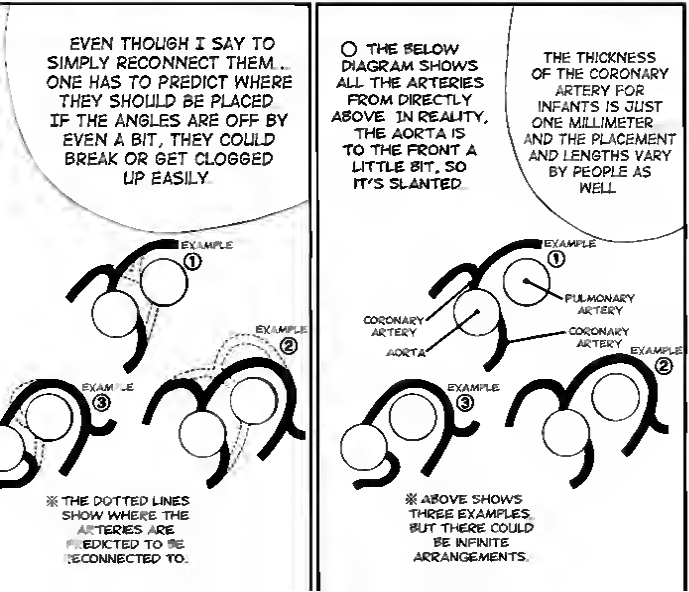
LOOKS LIKE WE DID IT.
THE NEXT DAY...
CHANCELLOR'S OFFICE
HE WAS HOSPITALIZED FOR CHECK-UPS AS OF LAST NIGHT.
WHICH MEANS THAT SAIJOU IS OUT OF THE PEDIATRICS DEPARTMENT SOONER THAN WE ANTICIPATED?
YES.
GOOD, GOOD.
HE PROBABLY WILL NOT BE ABLE TO PERFORM ANY HOSPITAL DUTIES FOR A WHILE

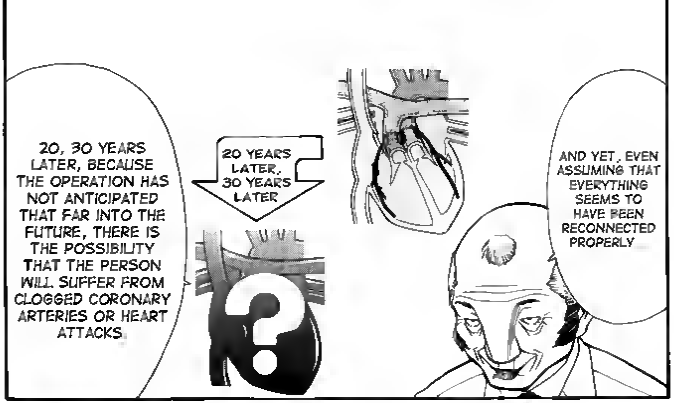

RATHER, THAT MAKES ME ANXIOUS
?
NO.
THIS IS GREAT, SINCE EVEN HE

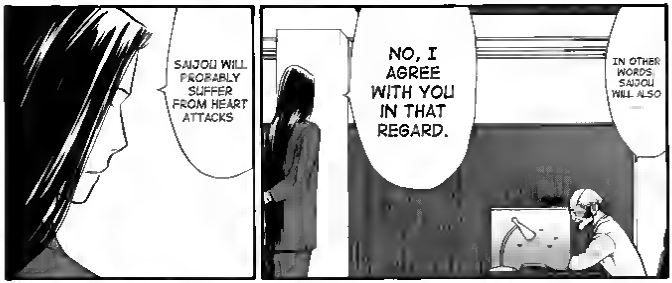

WELL, IT'S PROBABLY GOING TO BE SOMETHING LIKE HEART ATTACKS OR DISEASE INVOLVING THE CORONARY ARTERY
YEAH
YOU BELIEVE THAT HE WOULD THINK THAT HE HAS SOME KIND OF HEART DISEASE, CHANCELLOR?
BECAUSE SAIJOU HAD COMPLETE TRANSPOSITION OF THE GREAT ARTERIES. IF HE REALIZES THAT HE HAS PREMATURE VENTRICULAR CONTRACTION IN A PHYSICAL EXAMINATION

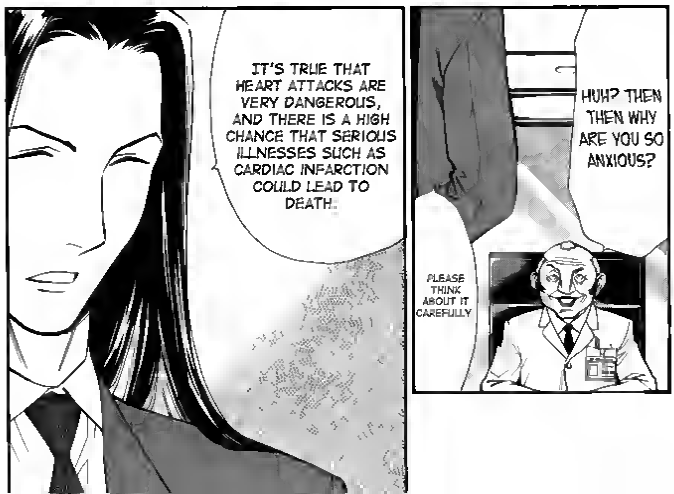

A HEALTHY HEART
A HEART WITH TGA
AORTA
PULMONARY ARTERY
CORONARY ARTERY
AORTA
PULMONARY ARTERY
CORONARY ARTERY
COMPLETE TRANSPOSITION OF THE GREAT ARTERIES MEANS THAT THE TWO MAJOR ARTERIES, THE AORTA AND THE PULMONARY ARTERY, ARE SWITCHED WHEN A PERSON IS BORN HOWEVER, THE MOST IMPORTANT ONES ARE THE CORONARY ARTERIES
○WHEN COMPARING THE TWO HEARTS, THE PARTS WHERE THE ARTERIES CONNECT TO THE HEART ARE SWITCHED. FURTHERMORE, THE CORONARY ARTERIES CARRY NUTRIENTS TO THE HEART ITSELF. THEY WRAP AROUND THE SURFACE OF THE HEART, AND IF CLOGGED UP, THE HEART BECOMES ABNORMAL.

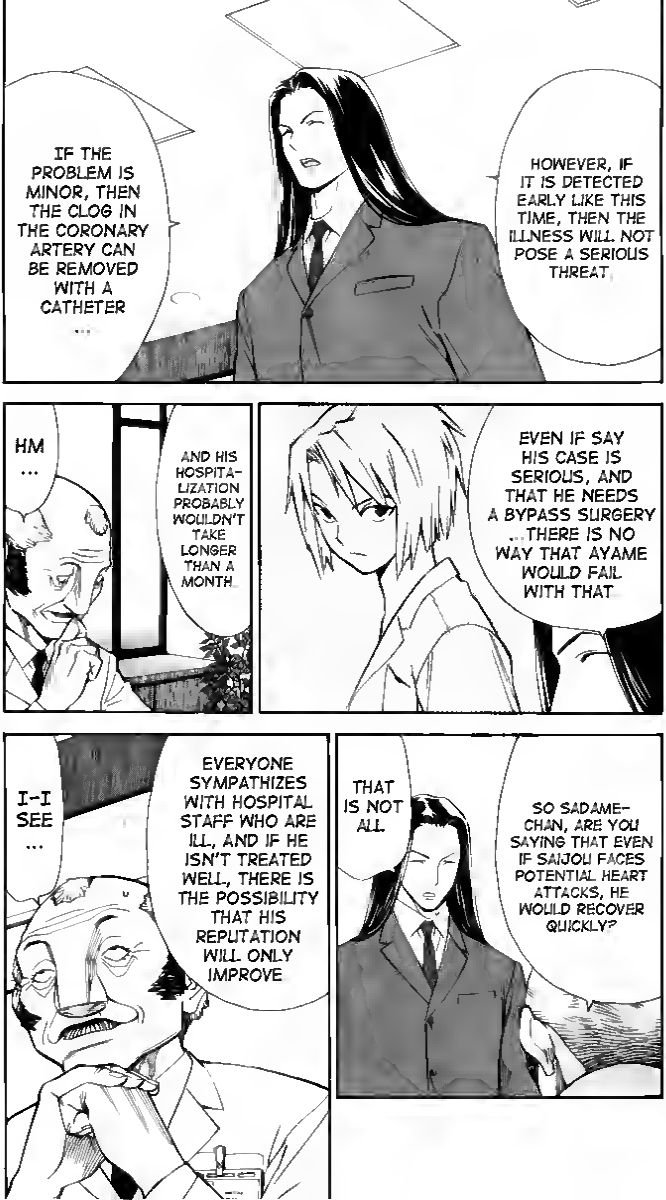

"INCIDENTALLY, THE HOLES WILL BE FILLED WITH THE PATIENT'S OWN CARDIAC MEMBRANE.
③ ONCE EVERYTHING IS SWAPPED, SEW UP THE ARTERIES
② FIRST, RECONNECT THE CORONARY ARTERIES TO THE CORRECT ARTERY. THEN, SWAP THE POSITIONS OF THE TWO MAJOR ARTERIES
① CUT THE ARTERIES.
IN THE PROCEDURE TO FIX THE PROBLEM, FIRST THE CORONARY ARTERIES SHOULD BE RECONNECTED TO THE CORRECT ARTERY, AND THEN THE TWO MAJOR ARTERIES SHOULD BE SWAPPED, BUT...
THE END OF THE PROCEDURE.
A HEART WITH TGA


EVEN THOUGH I SAY TO SIMPLY RECONNECT THEM... ONE HAS TO PREDICT WHERE THEY SHOULD BE PLACED IF THE ANGLES ARE OFF BY EVEN A BIT, THEY COULD BREAK OR GET CLOGGED UP EASILY.
EXAMPLE ①
EXAMPLE ②
EXAMPLE ③
※ THE DOTTED LINES SHOW WHERE THE ARTERIES ARE PREDICTED TO BE RECONNECTED TO.
○ THE BELOW DIAGRAM SHOWS ALL THE ARTERIES FROM DIRECTLY ABOVE. IN REALITY, THE AORTA IS TO THE FRONT A LITTLE BIT, SO IT'S SLANTED.
THE THICKNESS OF THE CORONARY ARTERY FOR INFANTS IS JUST ONE MILLIMETER AND THE PLACEMENT AND LENGTHS VARY BY PEOPLE AS WELL.
EXAMPLE ①
PULMONARY ARTERY
CORONARY ARTERY
CORONARY ARTERY
AORTA
EXAMPLE ②
EXAMPLE ③
※ ABOVE SHOWS THREE EXAMPLES, BUT THERE COULD BE INFINITE ARRANGEMENTS.

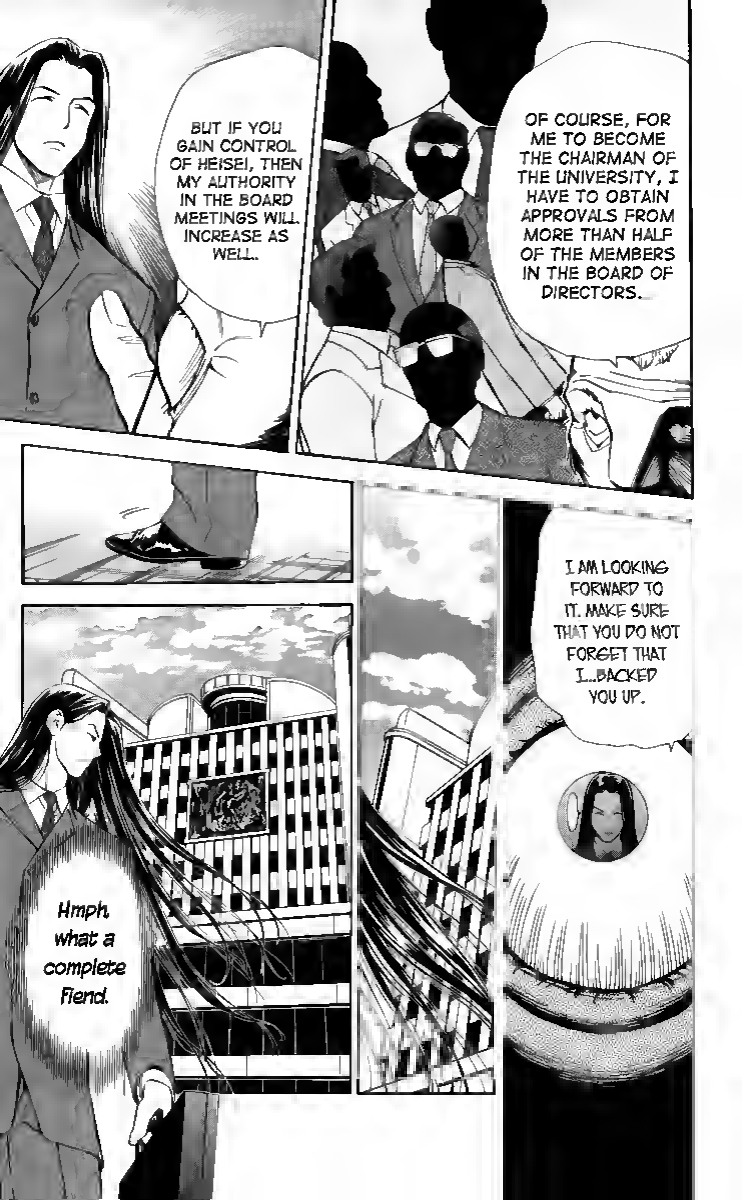

AND YET, EVEN ASSUMING THAT EVERYTHING SEEMS TO HAVE BEEN RECONNECTED PROPERLY
20 YEARS LATER, 30 YEARS LATER
20, 30 YEARS LATER, BECAUSE THE OPERATION HAS NOT ANTICIPATED THAT FAR INTO THE FUTURE, THERE IS THE POSSIBILITY THAT THE PERSON WILL SUFFER FROM CLOGGED CORONARY ARTERIES OR HEART ATTACKS.


IN OTHER WORDS, SAIJOU WILL ALSO
NO, I AGREE WITH YOU IN THAT REGARD.
SAIJOU WILL PROBABLY SUFFER FROM HEART ATTACKS


HUH? THEN THEN WHY ARE YOU SO ANXIOUS?
PLEASE THINK ABOUT IT CAREFULLY
IT'S TRUE THAT HEART ATTACKS ARE VERY DANGEROUS, AND THERE IS A HIGH CHANCE THAT SERIOUS ILLNESSES SUCH AS CARDIAC INFARCTION COULD LEAD TO DEATH.


IF THE PROBLEM IS MINOR, THEN THE CLOG IN THE CORONARY ARTERY CAN BE REMOVED WITH A CATHETER ...
HOWEVER, IF IT IS DETECTED EARLY LIKE THIS TIME, THEN THE ILLNESS WILL NOT POSE A SERIOUS THREAT
HM ...
AND HIS HOSPITALIZATION PROBABLY WOULDN'T TAKE LONGER THAN A MONTH
EVEN IF SAY HIS CASE IS SERIOUS, AND THAT HE NEEDS A BYPASS SURGERY ...THERE IS NO WAY THAT AYAME WOULD FAIL WITH THAT
I-I SEE ...
EVERYONE SYMPATHIZES WITH HOSPITAL STAFF WHO ARE ILL, AND IF HE ISN'T TREATED WELL, THERE IS THE POSSIBILITY THAT HIS REPUTATION WILL ONLY IMPROVE
THAT IS NOT ALL
SO SADAME-CHAN, ARE YOU SAYING THAT EVEN IF SAIJOU FACES POTENTIAL HEART ATTACKS, HE WOULD RECOVER QUICKLY?

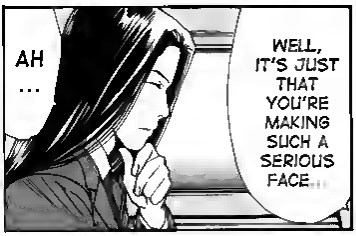
EVEN THOUGH HE IS AN ENEMY, HE IS STILL A PATIENT, SO WE SHOULD FOLLOW THE SITUATION AND WAIT FOR THE NEXT OPPORTUNITY...
THAT'S CERTAINLY A PROBLEM
OH WELL. THERE IS NOTHING WE CAN DO
YOU REALLY ARE A NAIVE MAN. WHY ARE YOU SYMPATHIZING WITH THE ENEMY?
...YOU KNOW, SADAME-CHAN,
YOU NEVER WIN AGAINST HIM PRECISELY BECAUSE OF THAT.
...
I DO NOT MERELY WISH TO HAVE THE TITLE OF CHANCELLOR ...
BUT ALSO TO BECOME THE CHAIRMAN AND CONTROL ALL THE ASSETS OF TEIOU UNIVERSITY.


BUT IF YOU GAIN CONTROL OF HEISEI, THEN MY AUTHORITY IN THE BOARD MEETINGS WILL INCREASE AS WELL.
OF COURSE, FOR ME TO BECOME THE CHAIRMAN OF THE UNIVERSITY, I HAVE TO OBTAIN APPROVALS FROM MORE THAN HALF OF THE MEMBERS IN THE BOARD OF DIRECTORS.
I AM LOOKING FORWARD TO IT. MAKE SURE THAT YOU DO NOT FORGET THAT I...BACKED YOU UP.
Hmph, what a complete Fiend.

TO HEISEI CENTRAL HOSPITAL.
When it comes to giving himself more power, he doesn't care at all for human lives...

IS THAT SO?
YES, SIR.

HUH?
SIR, ARE YOU ALRIGHT?


AH ...
WELL, IT'S JUST THAT YOU'RE MAKING SUCH A SERIOUS FACE...

I DON'T KNOW WHAT HAS HAPPENED, BUT ONE SHOULD ENJOY LIFE WITHOUT MAKING SUCH SCARY FACES
HAHAHA, I WILL DO JUST AS YOU SAY THEN.
Well, but then ...
Looking at it from another angle, both of us probably climbed out of the same hole.
...Hmph. enjoy life, huh.

THIS IS REALLY BAD!
MATSU-NAKA-SENSEI

IF I could still afford to do that, then I wouldn't be having so many troubles.
OH, ASSOCIATE DIRECTOR!

SAIJOU-SENSEI DID ?
BUT DIDN T HE CHECK INTO THE HOSPITAL FOR EXAMINATIONS LAST NIGHT?
HE DID, AND THAT'S WHY

IT'S ABOUT SAIJOU-KUN...
WHAT S WRONG?

!?
HE HAS STARTED AN EMERGENCY OPERATION ON A NEWBORN BABY!

LET'S MAKE HIM BUSY FOR A WHILE

It's because patients in nearby hospitals are being transferred to him.

WITH MORE PATIENTS THAN WHAT THE SMALL DEPARTMENT CAN HANDLE

...

Oh yes.

JUST NOW, FROM A NEIGHBORING MATERNITY AND GYNAECOLOGY DEPARTMENT, A NEWBORN BABY WITH TYPE 1 COMPLETE TRANSPOSITION OF GREAT ARTERIES NEEDING URGENT CARE WAS BROUGHT HERE

TN: TYPE I MEANS THAT THERE ARE NO DEFECTS IN THE INTERVENTRICULAR SEPTUM

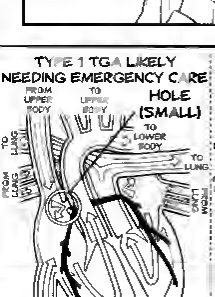
IT WAS, BUT IT DIDN'T GO WELL.

WASN'T BAS PERFORMED TO AVOID AN EMERGENCY OPERATION?

TN: BAS = BALLOON ATRIAL SEPTOSTOMY

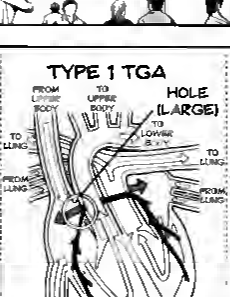
MEMO ON DIFFERENT KINDS OF HEART CONDITIONS

TYPE 1 TGA LIKELY NEEDING EMERGENCY CARE



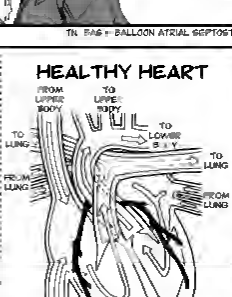
BECAUSE THE HOLE IS SMALL, BLOOD FLOWS TO THE ENTIRE BODY WITHOUT FIRST GOING TO THE LUNGS. DEATH COMES QUICKLY DUE TO THIS LACK OF OXYGEN.

TYPE 1 TGA



SAME ILLNESS THAT MIKOTO ONCE HAD EVEN THOUGH THE MAJOR ARTERIES ARE FLIPPED. THANKS TO THE HOLE, THE BLOOD MIXES AND SOME GOES TO THE LUNGS AS WELL.

HEALTHY HEART



THIS IS A HEALTHY HEART, WITH NORMAL BLOOD FLOW. BLOOD THAT CAME FROM THE ENTIRE BODY FLOWS TO THE LUNGS FOR OXYGEN, AND THEN FLOWS BACK TO THE REST OF THE BODY.

※ THE BAS PROCEDURE THAT ASSOCIATE DIRECTOR MENTIONED INVOLVES STICKING IN A CATHETER TO ENLARGE THE HOLE AND AVOID AN EMERGENCY SITUATION. HOWEVER, IF THE HEART WALL IS TOO THICK AND THE PROCEDURE IS UNSUCCESSFUL, A SURGERY IS REQUIRED.

WELL, AYAME-KUN IS CURRENTLY IN ANOTHER EMERGENCY OPERATION...
AYAME CAN HANDLE COMPLETE TRANSPOSITION OF THE GREAT ARTERIES WITH NO PROBLEM!
WHA- WHAT ABOUT AYAME?
...I SEE. I GET THE ROUGH PICTURE NOW
SOMEONE MUST HAVE INFORMED SAIJOU-SENSEI.
AND MEAN-WHILE
EVEN THOUGH SAKAMOTO-SENSEI IS PART OF PEDIATRICS, HE SPECIALIZES IN RESPIRATORY ORGANS ..SO THE ONLY ONE WHO CAN HANDLE INFANT HEARTS IS SAIJOU-KUN.
Heh, what a sudden turn of luck.
ALRIGHT.
LET US GO TO THE OPERATION ROOM.

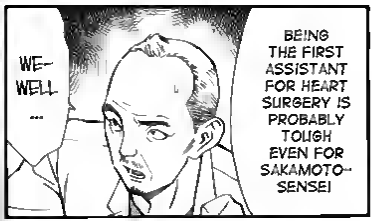
Geez, I don't know if I should say that Sayou continues to do one stupid thing after another...

There is no law against a sick surgeon operating on patients, but it will be a clear violation of morals.

I SEE
KOUSHIMA-KUN IS THE ANESTHE-SIOLOGIST
SAKAMOTO-CHAN AND SENA-CHAN ARE THE ASSISTANTS

AND, WHO ARE THE ASSISTANTS AND ANESTHE-SIOLOGIST?
Or that he is an amazing doctor

MATSUNAKA-SENSEI, PLEASE GO TO THE OPERATION ROOM AND TELL THEM SOMETHING.
HUH?
AFTER CHANGING INTO AN OPERATING GOWN...


WE-WELL...
BEING THE FIRST ASSISTANT FOR HEART SURGERY IS PROBABLY TOUGH EVEN FOR SAKAMOTO-SENSEI

NO, THERE IS.
BUT THERE ISN'T ANYONE ELSE WHO CAN -

I WILL BE AN ASSISTANT!
…!?
WHA-WHAT!? THAT MAN WILL BE THE ASSISTANT!?
SAKAMOTO-SENSEI
WHAT IS HE PLANNING AT A TIME LIKE THIS …

THERE ARE MANY DOCTORS WHO TRANSFER TO THE SURGICAL DEPARTMENT AFTER STUDYING IN THE ANESTHETIC DEPARTMENT, BUT FOR SOME REASON HE WAS THE OPPOSITE...
YEAH. HE DOES HAVE A LOT
DOES THE ASSOCIATE DIRECTOR HAVE ENOUGH SURGICAL EXPERIENCE?
IS THAT SO...
AND HE SPECIALIZED IN HEARTS, SAME AS AYAME
HE GAINED FAME AS A GENIUS SURGEON WHEN HE WAS YOUNG
TH-THAT'S TRUE, BUT...
IT WOULD BE BETTER FOR YOU AS WELL, SAKAMOTO-SENSEI
IN THAT CASE, LET'S ASK FOR HIS HELP
THAT IS VERY RUDE OF YOU.
IT'S HIM THAT WE'RE TALKING ABOUT IF SOMETHING HAPPENS..

I'M NOT TRYING TO KILL ANYONE HERE.
I-I DIDN'T GO THAT FAR.
OH WELL, DO AS YOU LIKE.
I BELIEVE THAT HAVING A PATIENT OPERATING ON A PATIENT IS THE MUCH BIGGER PROBLEM HERE
HEY ...
...
THERE IS NO NEED TO WORRY ABOUT MY BODY
THE SYMPTOMS ARE LIGHT, AND I HAVE TAKEN MY MEDICINE, SO MY WORK WILL BE UNAFFECTED
SAIJOU'S NOT DOING THIS BECAUSE HE WANTS TO, YOU KNOW
THAT'S RIGHT! SAIJOU-SENSEI IS...
IT'S ALRIGHT, SENA-SAN.

I'M HELPING BECAUSE THERE IS THE POSSIBILITY OF THE HOSPITAL ITSELF HAVING TO TAKE RESPONSIBILITY FOR YOUR ACTIONS
I HOPE THAT IS THE CASE.
BUT YOU REALLY ARE AN IDIOT.
BUT I CAN'T JUST LET THE BABY DIE.
OF COURSE I DO.
HOWEVER, YOU DO KNOW THAT NO MATTER WHAT, YOU WILL BE PUNISHED?
...
NO MATTER WHAT, I DON'T WANT TO HAVE TO REGRET MY CHOICES IN LIFE.
I see.

...
It feels as if I now understand a bit as to why my life is not enjoyable -
WE SHALL NOW BEGIN THE OPERATION FOR COMPLETE TRANSPOSITION OF THE GREAT ARTERIES.
FIRST, OPEN UP THE CHEST AND PEEL OPEN THE PERICARDIUM THEN, PLACE THE ARTIFICIAL HEART-LUNG APPARATUS
Unlike a normal person, this man's priorities never change -
And that's why he is so strong.
SCALPEL
It seems like I have lost.
Against someone who does not calculate loss and gain
Even if he gains nothing and stands to lose everything, he does not let go.

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Saijou no Meii 32

Raw Provider: SlentCala

Translation: cookie_on_fire

Cleaning: shingan1kd

Typesetting: SlentCala

WE'RE ALWAYS LOOKING FOR MORE STAFF!

CHECK OUT OUR SITE FOR NEW RELEASES AND OUR FORUMS FOR MORE INFORMATION ON HOW TO APPLY.

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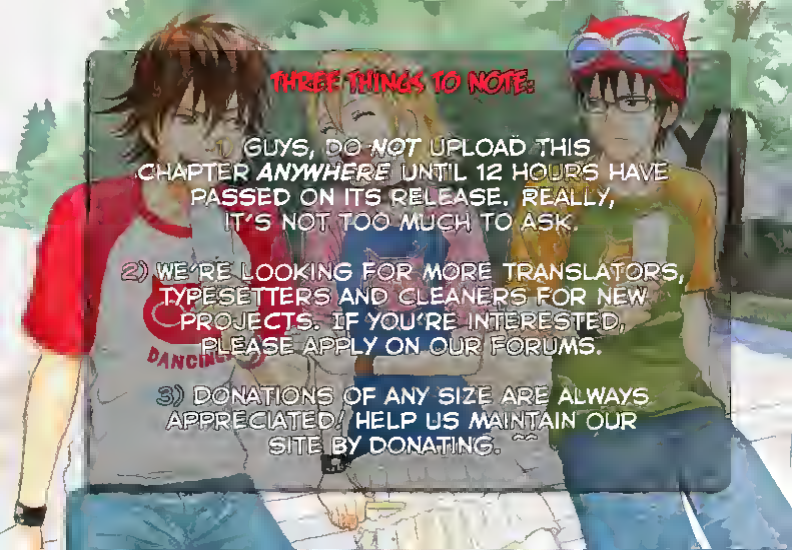
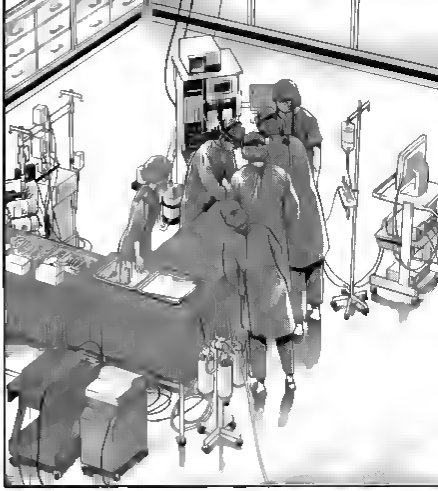

THREE THINGS TO NOTE:
1) GUYS, DO *NOT* UPLOAD THIS CHAPTER *ANYWHERE* UNTIL 12 HOURS HAVE PASSED ON ITS RELEASE. REALLY, IT'S NOT TOO MUCH TO ASK.
2) WE'RE LOOKING FOR MORE TRANSLATORS, TYPESETTERS AND CLEANERS FOR NEW PROJECTS. IF YOU'RE INTERESTED, PLEASE APPLY ON OUR FORUMS.
3) DONATIONS OF ANY SIZE ARE ALWAYS APPRECIATED! HELP US MAINTAIN OUR SITE BY DONATING. ^^

CHAPTER 33:
MY OWN RULE



※ COMPLETE TRANSPOSITION OF THE GREAT ARTERIES: AN OPERATION TO CORRECT THE POSITIONS OF THE TWO MAJOR ARTERIES. MIKOTO HAD THE SAME ILLNESS IN THE PAST

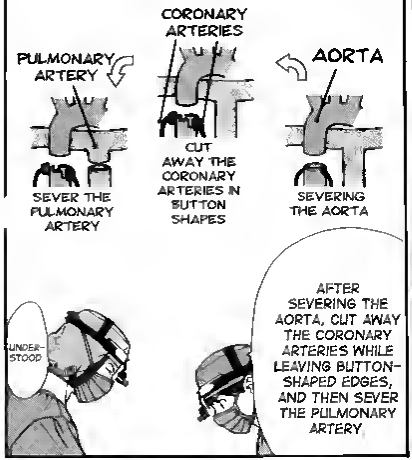
YEP, I HAVE.
WHAT ---!?
SO SHINDOU-SENSEI, YOU'RE SAYING YOU'VE OPERATED WHILE DRUNK BEFORE?
YES, EVER SINCE THAT DAY MORE THAN TEN YEARS AGO ...
SO THEY HAD NO CHOICE BUT TO CALL ON ME EVEN THOUGH I WAS OFF WORK.
IT'S JUST THAT I WAS UNLUCKY THAT DAY, AND THERE WERE MANY PATIENTS WITH SERIOUS ILLNESSES
EVEN DOCTORS ARE HUMANS, SO WHEN WE'RE COMPLETELY OFF-DUTY, WE DO DRINK YOU KNOW.
HEY NOW.
THAT'S AWFUL! I WAS MISTAKEN ABOUT YOU, SHINDOU-SENSEI!
TH-THAT'S ALL, YOU SAY...
AND THAT'S ALL IT WAS.

...!!
SO ARE YOU SAYING IT WOULD HAVE BEEN BETTER IF I JUST LET THE PATIENT DIE?
HOWEVER, WHEN I'M THE ONLY ONE WHO COULD SAVE THE PERSON ...
OF COURSE, IT WOULD HAVE BEEN EASY TO TURN DOWN THE REQUEST BY SAYING THAT I HAVE been DRINKING ...
.....
AND THAT'S WHY THERE IS NO MEDICAL PRACTICE LAW THAT SAYS "A SURGEON CANNOT OPERATE WHILE INTOXICATED".
IF I GIVE UP FOR A REASON LIKE THAT, THEN I SHOULDN'T BE A DOCTOR.
WHO KNOWS
B-BUT, WHAT IF THE PATIENT DIES FROM MALPRACTICE BECAUSE OF THAT ...

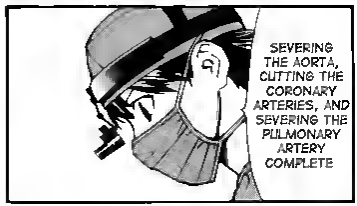
IT'S BETTER TO KILL SOMEONE THAN TO LET SOMEONE DIE.
I WON'T KNOW UNTIL THAT HAPPENS... BUT FOR ME...
YEAH, IT'S MESSED UP.
THAT'S SO MESSED UP!
WH-WHAAAT~!?
LISTEN UP, MIKOTO
.....
WHEN IT COMES TO WORK THAT INVOLVES DEALING WITH PEOPLE'S LIVES

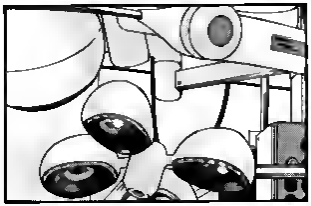
IF YOU ARE REALLY SERIOUS ABOUT BECOMING A DOCTOR, THEN YOU HAVE TO CLEARLY DEFINE YOUR OWN RULES
SHINDOU-SENSEI
.....
BEYOND SAVING PEOPLE'S LIVES, NO ONE CAN DECIDE WHAT'S GOOD AND WHAT'S EVIL.
NICELY DONE.
CLAMP THE AORTA USING FORCEPS, AND INJECT CARDIOPLEGIC SOLUTION TO CAUSE A CARDIAC ARREST
INSTALLATION OF ARTIFICIAL HEART LUNG APPARATUS COMPLETE

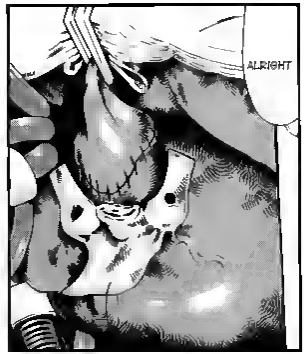
OH, WHY THANK YOU.
ASSOCIATE DIRECTOR, YOU ARE AMAZING YOURSELF TO HAVE SO MUCH BLANKS BETWEEN EACH STEP
NOT AT ALL.
IF I HADN'T KNOWN ABOUT IT BEFOREHAND... I WOULD NOT HAVE BELIEVED THIS TO BE THE WORKING SPEED OF SOMEONE WHO'S CURRENTLY ILL.
EVEN THOUGH MAKOTO IS ILL, HE'S NOT ANY DIFFERENT FROM USUAL, AND EVEN THE ASSOCIATE DIRECTOR IS FOLLOWING HIM PRECISELY AS THE FIRST ASSISTANT.
THIS IS OUT OF THE ORDINARY
B-both of them are so amazing
LIKE YOU CAN SAY ANYTHING!
That's somehow so sad
YOU'RE NOT HELPING AT ALL!
THA...
THE SLOWEST ONE IS ME, THE SECOND ASSISTANT WITH NO MAJOR RESPONSIBILITIES

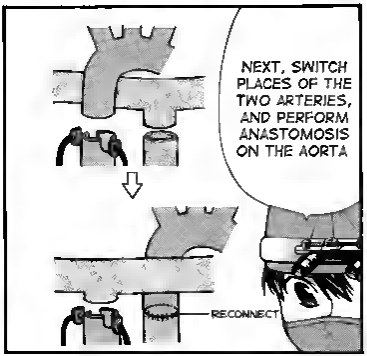

PULMONARY ARTERY
SEVER THE PULMONARY ARTERY
CORONARY ARTERIES
CUT AWAY THE CORONARY ARTERIES IN BUTTON SHAPES
AORTA
SEVERING THE AORTA
AFTER SEVERING THE AORTA, CUT AWAY THE CORONARY ARTERIES WHILE LEAVING BUTTON-SHAPED EDGES, AND THEN SEVER THE PULMONARY ARTERY
UNDERSTOOD

CARDIAC ARREST SUCCESSFUL. NOW I WILL PROCEED TO SEVER THE AORTA THAT WAS CLAMPED EARLIER

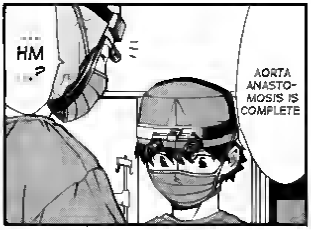

SEVERING THE AORTA, CUTTING THE CORONARY ARTERIES, AND SEVERING THE PULMONARY ARTERY COMPLETE

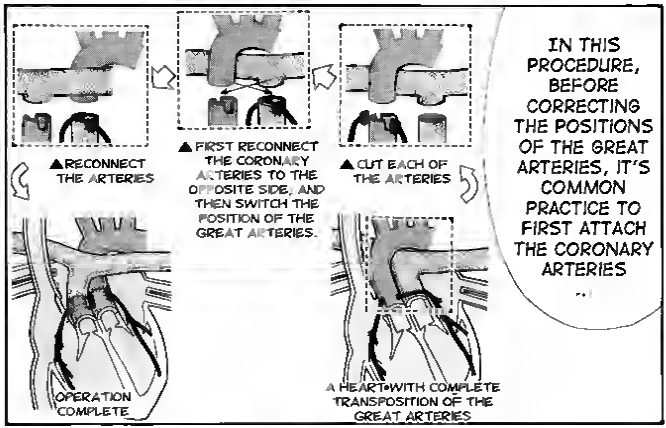



ALRIGHT

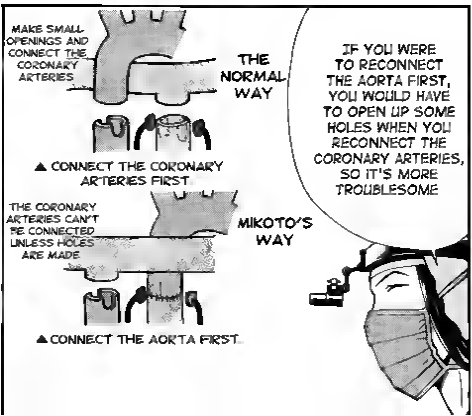

NEXT, SWITCH PLACES OF THE TWO ARTERIES, AND PERFORM ANASTOMOSIS ON THE AORTA
RECONNECT

PLEASE WAIT A MOMENT, SAIJOU-SENSEI.
S-something is strange.


...HM...?
AORTA ANASTO-MOSIS IS COMPLETE


▲RECONNECT THE ARTERIES
▲FIRST RECONNECT THE CORONARY ARTERIES TO THE OPPOSITE SIDE, AND THEN SWITCH THE POSITION OF THE GREAT ARTERIES.
▲CUT EACH OF THE ARTERIES
IN THIS PROCEDURE, BEFORE CORRECTING THE POSITIONS OF THE GREAT ARTERIES, IT'S COMMON PRACTICE TO FIRST ATTACH THE CORONARY ARTERIES...
OPERATION COMPLETE
A HEART WITH COMPLETE TRANSPOSITION OF THE GREAT ARTERIES

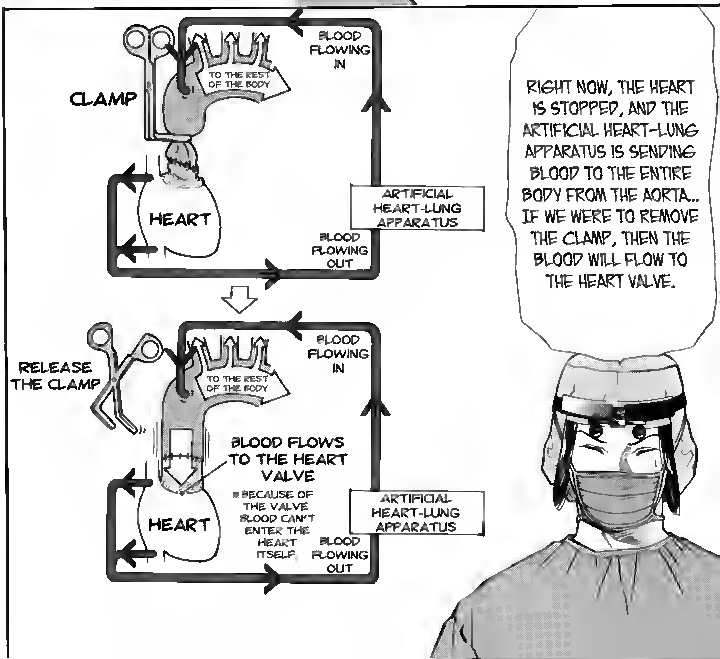
YES, THERE'S THAT TOO...

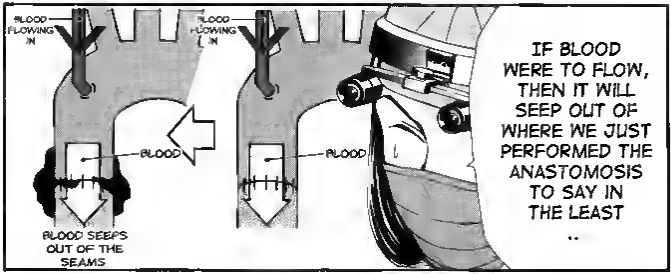

MAKE SMALL OPENINGS AND CONNECT THE CORONARY ARTERIES
THE NORMAL WAY
▲ CONNECT THE CORONARY ARTERIES FIRST
THE CORONARY ARTERIES CAN'T BE CONNECTED UNLESS HOLES ARE MADE
MIKOTO'S WAY
▲CONNECT THE AORTA FIRST.
IF YOU WERE TO RECONNECT THE AORTA FIRST, YOU WOULD HAVE TO OPEN UP SOME HOLES WHEN YOU RECONNECT THE CORONARY ARTERIES, SO IT'S MORE TROUBLESOME

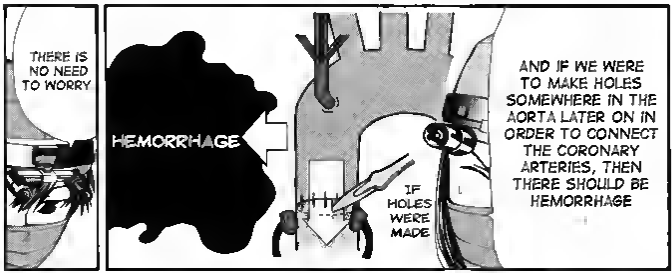
!?
NOW THEN, PLEASE REMOVE THE CLAMP ON THE AORTA.

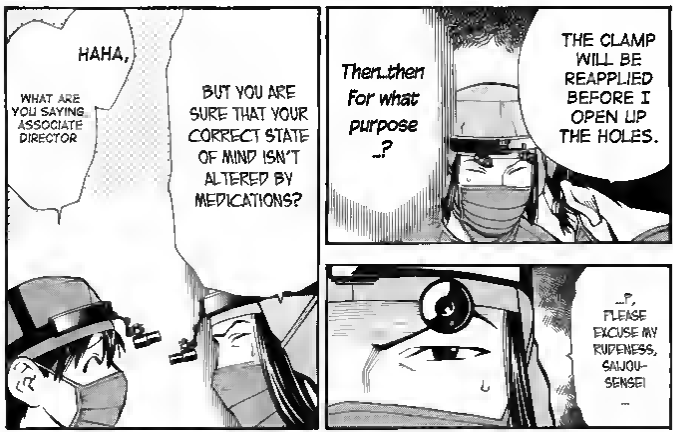
BUT THERE IS MY OWN RULE.
??

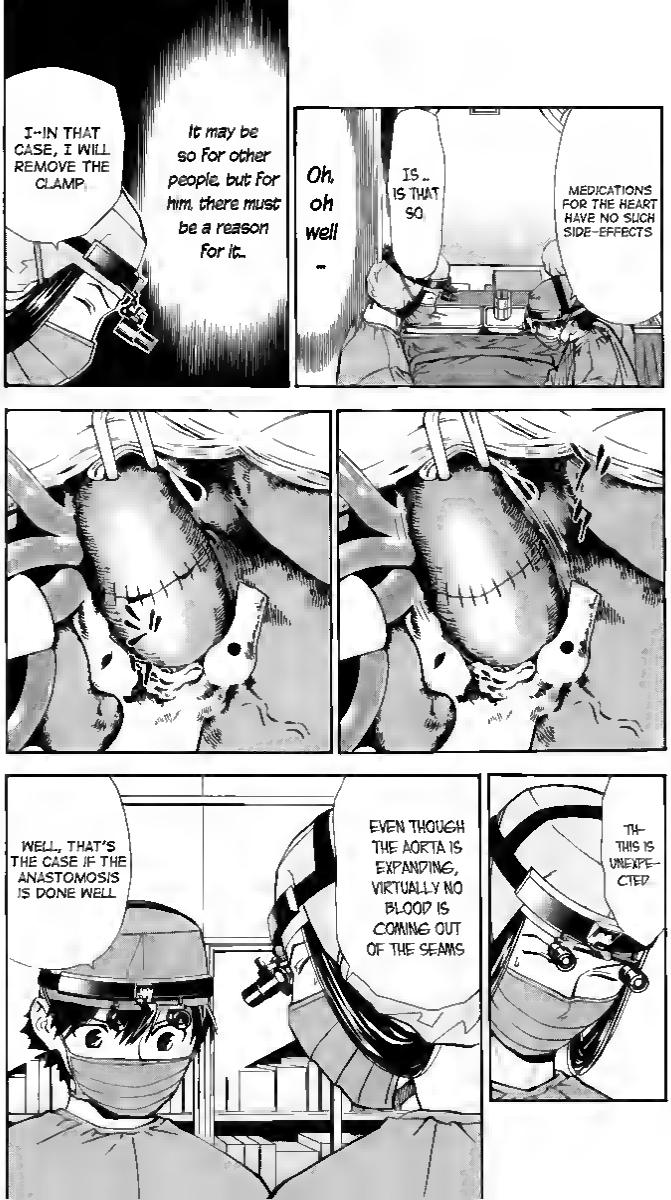
WHA-WHAT ARE YOU SAYING, SAIJOU-SENSEI?


CLAMP
TO THE REST OF THE BODY
BLOOD FLOWING IN
HEART
ARTIFICIAL HEART-LUNG APPARATUS
BLOOD FLOWING OUT
RELEASE THE CLAMP
TO THE REST OF THE BODY
BLOOD FLOWING IN
BLOOD FLOWS TO THE HEART VALVE
* BECAUSE OF THE VALVE BLOOD CAN'T ENTER THE HEART ITSELF.
HEART
ARTIFICIAL HEART-LUNG APPARATUS
BLOOD FLOWING OUT
RIGHT NOW, THE HEART IS STOPPED, AND THE ARTIFICIAL HEART-LUNG APPARATUS IS SENDING BLOOD TO THE ENTIRE BODY FROM THE AORTA... IF WE WERE TO REMOVE THE CLAMP, THEN THE BLOOD WILL FLOW TO THE HEART VALVE.

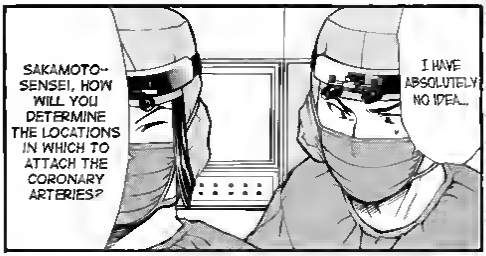

BLOOD FLOWING IN
BLOOD FLOWING IN
BLOOD
BLOOD
BLOOD SEEPS OUT OF THE SEAMS
IF BLOOD WERE TO FLOW, THEN IT WILL SEEP OUT OF WHERE WE JUST PERFORMED THE ANASTOMOSIS TO SAY IN THE LEAST
..


THERE IS NO NEED TO WORRY
HEMORRHAGE
IF HOLES WERE MADE
AND IF WE WERE TO MAKE HOLES SOMEWHERE IN THE AORTA LATER ON IN ORDER TO CONNECT THE CORONARY ARTERIES, THEN THERE SHOULD BE HEMORRHAGE


HAHA,
WHAT ARE YOU SAYING, ASSOCIATE DIRECTOR
BUT YOU ARE SURE THAT YOUR CORRECT STATE OF MIND ISN'T ALTERED BY MEDICATIONS?
Then..then for what purpose ..?
THE CLAMP WILL BE REAPPLIED BEFORE I OPEN UP THE HOLES.
..?, PLEASE EXCUSE MY RUDENESS, SAIJOU-SENSEI
..


I--IN THAT CASE, I WILL REMOVE THE CLAMP
It may be so for other people, but for him, there must be a reason for it..
Oh, oh well..
IS.. IS THAT SO
MEDICATIONS FOR THE HEART HAVE NO SUCH SIDE-EFFECTS
TH-THIS IS UNEXPE-CTED
EVEN THOUGH THE AORTA IS EXPANDING, VIRTUALLY NO BLOOD IS COMING OUT OF THE SEAMS
WELL, THAT'S THE CASE IF THE ANASTOMOSIS IS DONE WELL

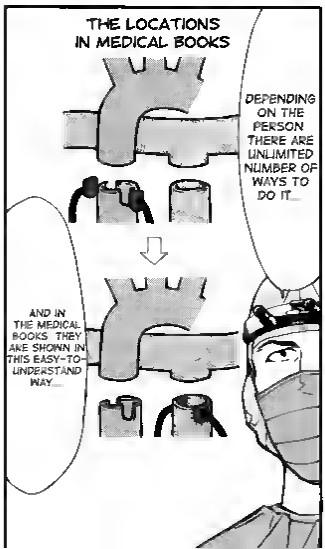
Don't tell me..he just wanted to show off the fact that he can do anastomosis well, and that blood won't seep out even if it flows through?
J-just what is he thinking?
NOW THEN
AND NOW WE WILL DETERMINE THE LOCATIONS IN WHICH THE CORONARY ARTERIES WILL BE CONNECTED
AND WHILE BOTH THE AORTA AND THE CORONARY ARTERIES ARE SWELLING, DETERMINE THE LOCATIONS IN WHICH THEY ARE TO BE CONNECTED
!
SEARCH
DETERMINE
!!
USING THE TIP OF A HYPO-THERMIC PERFUSION APPARATUS, INJECT CARDIOPLEGIC SOLUTION MAKE THE CORONARY ARTERY SWELL

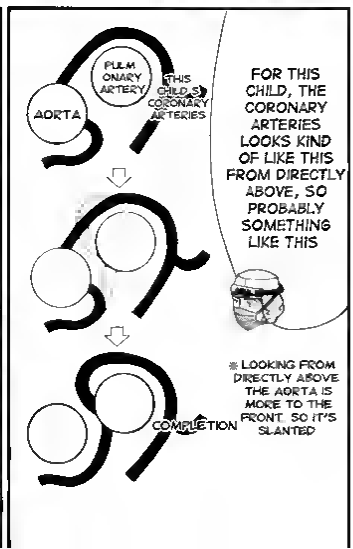

SAKAMOTO-SENSEI, HOW WILL YOU DETERMINE THE LOCATIONS IN WHICH TO ATTACH THE CORONARY ARTERIES?
I HAVE ABSOLUTELY NO IDEA...

...I SEE! SO THAT'S WHAT IT'S ABOUT!
WH-WHAT'S GOING ON?

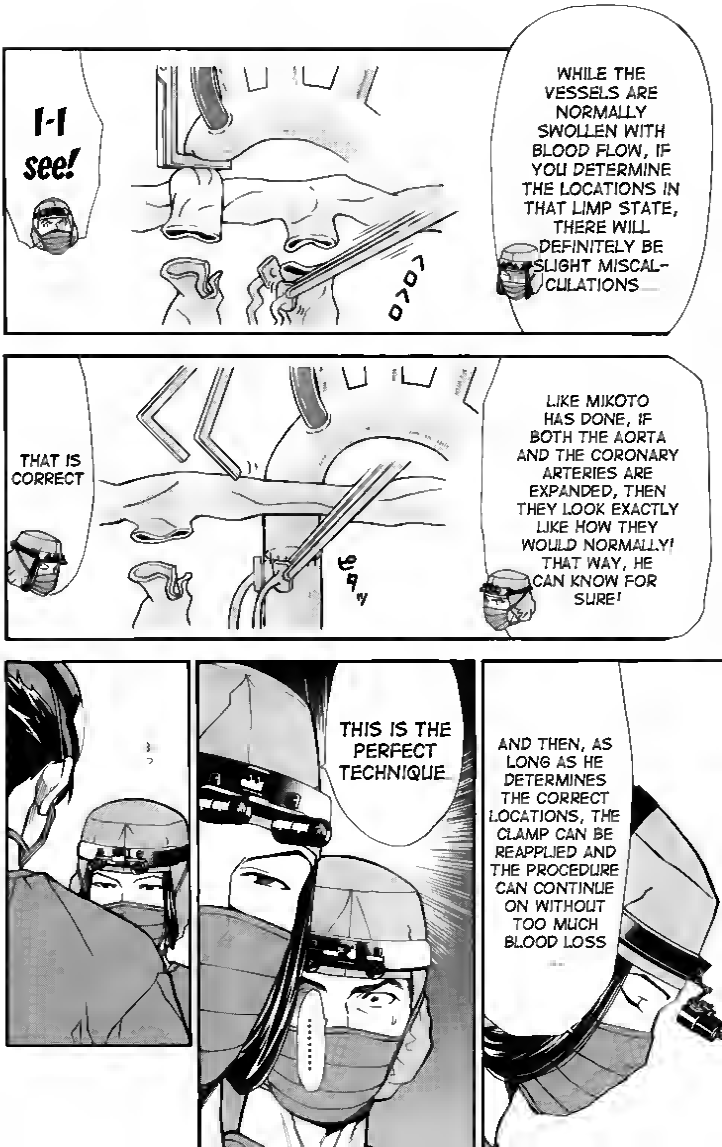
BUT I GUESS I'LL JUST GO BY FEEL AND PICK SOMEWHERE THAT WILL GIVE THE LEAST AMOUNT OF STRAIN TO THE AORTA.

WE-WELL, I DON'T SPECIALIZE IN THIS AREA, SO I DON'T REALLY KNOW...

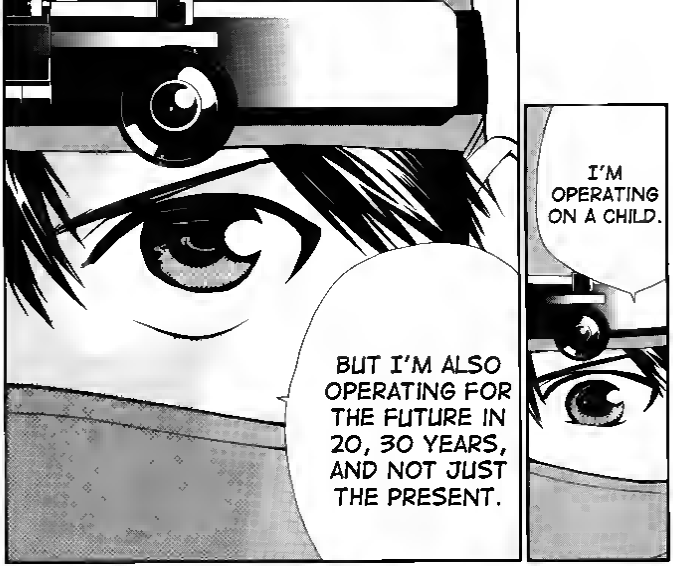

THE LOCATIONS IN MEDICAL BOOKS
DEPENDING ON THE PERSON THERE ARE UNLIMITED NUMBER OF WAYS TO DO IT...
AND IN THE MEDICAL BOOKS THEY ARE SHOWN IN THIS EASY-TO-UNDERSTAND WAY...


AORTA
PULMONARY ARTERY
THIS CHILD'S CORONARY ARTERIES
FOR THIS CHILD, THE CORONARY ARTERIES LOOKS KIND OF LIKE THIS FROM DIRECTLY ABOVE, SO PROBABLY SOMETHING LIKE THIS
COMPLETION
※LOOKING FROM DIRECTLY ABOVE THE AORTA IS MORE TO THE FRONT SO IT'S SLANTED

MISTAKE WHILE CONNECTING ①
CORRECT WAY OF CONNECTING
▲BEND IT TOO MUCH AND IT WILL FOLD.
MISTAKE WHILE CONNECTING ②
PULL IT TOO ▲MUCH AND IT WILL BECOME THINNER.
HOWEVER, EVEN IF YOU CORRECTLY IMAGINE EVERYTHING LIKE IN THE DIAGRAM, THE CORONARY ARTERIES IN ACTUALITY ARE ONLY 1MM IN THICKNESS... THE SLIGHTEST MISPLACEMENT WILL CAUSE THEM TO BE FOLDED OR CLOGGED UP ...
THE LOCATIONS OF THIS CHILD
WELL DONE.
BUT IN THIS CASE, THEY SHOULD BE POSITIONED AS SUCH.
IN OTHER WORDS, UNLIKE IN THE DIAGRAM, THE ARTERIES ARE LIMP FROM NOT ACTUALLY HAVING BLOOD FLOWING THROUGH THEM
USUALLY, WHEN CORONARY ARTERIES ARE TO BE CONNECTED, BOTH THE PULMONARY ARTERY AND AORTA ARE ALREADY CUT
DIAGRAM
REALITY
LIMP
EVEN IF THERE ARE NO PROBLEMS IN THE SHORT RUN, IN 20, 30 YEARS... THE PATIENT MAY POTENTIALLY RUN INTO PROBLEMS LIKE WHAT SAIJOU-SENSEI IS EXPERIENCING RIGHT NOW
THAT'S WHY SAIJOU-SENSEI IS USING THAT METHOD OF HIS
TH-THAT'S TRUE... BUT THERE ISN'T ANY WAY OF MAKING IT PERFECT THAT WILL LAST INTO THE FUTURE


I-I see!
WHILE THE VESSELS ARE NORMALLY SWOLLEN WITH BLOOD FLOW, IF YOU DETERMINE THE LOCATIONS IN THAT LIMP STATE, THERE WILL DEFINITELY BE SLIGHT MISCALCULATIONS...
0707
THAT IS CORRECT
LIKE MIKOTO HAS DONE, IF BOTH THE AORTA AND THE CORONARY ARTERIES ARE EXPANDED, THEN THEY LOOK EXACTLY LIKE HOW THEY WOULD NORMALLY! THAT WAY, HE CAN KNOW FOR SURE!
THIS IS THE PERFECT TECHNIQUE
AND THEN, AS LONG AS HE DETERMINES THE CORRECT LOCATIONS, THE CLAMP CAN BE REAPPLIED AND THE PROCEDURE CAN CONTINUE ON WITHOUT TOO MUCH BLOOD LOSS

HAHA, NO WAY... IT'S NOT AS BIG OF A DEAL AS YOU MAKE IT SOUND.
DO YOU ALWAYS THINK OF SUCH TERRIFYING WAYS OF DOING THINGS?
SERIOUSLY HOW IN THE WORLD...
ALRIGHT THEN, I'LL MAKE RULES THAT WON'T LOSE TO YOURS, SHINDOU-SENSEI~~
I DECIDED ON MY OWN RULE.
YES AT THAT TIME...
ALL I DO IS MAKE SIMPLE RULES OF MY OWN
Um--- That is ...
THEN, WHAT IS IT?
I also think it's better to kill than to let someone die. but that's not all.
OH?
I DEFINITELY CAN!
HAHAHA, CAN YOU REALLY DO THAT?


I'M OPERATING ON A CHILD.
BUT I'M ALSO OPERATING FOR THE FUTURE IN 20, 30 YEARS, AND NOT JUST THE PRESENT.

I HAVE DECIDED ON IT... THAT IS ALL.

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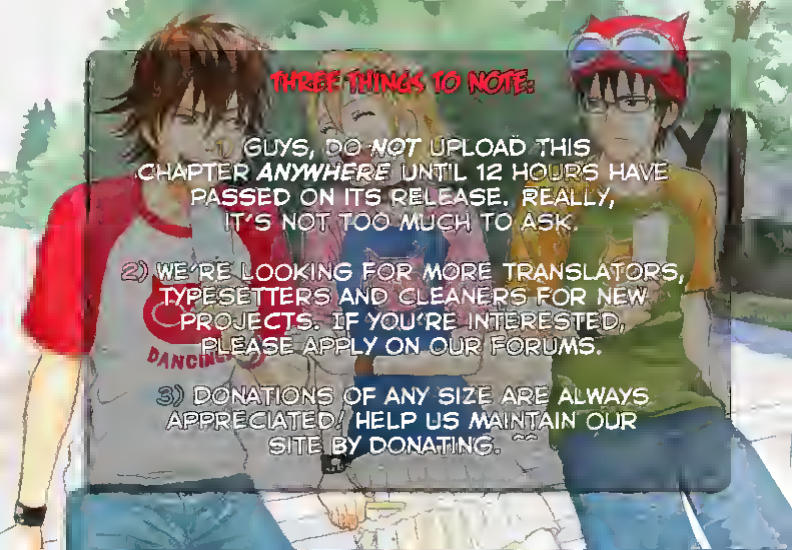
THREE THINGS TO NOTE:
1) GUYS, DO *NOT* UPLOAD THIS CHAPTER *ANYWHERE* UNTIL 12 HOURS HAVE PASSED ON ITS RELEASE. REALLY, IT'S NOT TOO MUCH TO ASK.
2) WE'RE LOOKING FOR MORE TRANSLATORS, TYPESETTERS AND CLEANERS FOR NEW PROJECTS. IF YOU'RE INTERESTED, PLEASE APPLY ON OUR FORUMS.
3) DONATIONS OF ANY SIZE ARE ALWAYS APPRECIATED! HELP US MAINTAIN OUR SITE BY DONATING. ^^